Winter 10-18-2021

The Best Care Begins With Self-Care: An Educational Initiative for Nurses

Betty Sanisidro
betty.sanisidro@student.shu.edu

The Best Care Begins with Self-Care: An Educational Initiative for Nurses

By

Betty Sanisidro

DNP Scholarly Project Committee

NURS 9921 DNP Clinical Residency II

Dr. Mary Ellen E. Roberts

Dr. Teresa Conklin

Dr. Diane McClure

Submitted in partial fulfillment of the Requirements for the degree of

Doctor of Nursing Practice

Seton Hall University

2021

College of Nursing

Graduate Department

APPROVAL FOR SUCCESSFUL DEFENSE

Betty Sanisidro has successfully defended and made the required modifications to the text of the DNP Final Scholarly Project for the Doctor of Nursing Practice during this Fall, 2021

Final Scholarly Project COMMITTEE

Dr. Mary Ellen Roberts Date

Dr. Teresa Conklin Date

Dr. Diane McClure Date

Dedication

I dedicate this work and all of my successes in life to Juan Antonio and Manuela Sanisidro, my father and mother, my biggest cheerleaders, and my first and most tenured teachers. Thank you for instilling in me, from as far back as I can remember, that I am capable of doing anything I set my mind to with enough hard work and dedication. Thank you for always demonstrating the unparalleled work ethic you both have and for your relentless and selfless pursuit to strive for more, reach higher, and do better for our family – I love you both more than you will ever truly know!

To my big brother, Juan Manuel Sanisidro, for almost always taking the hard road to make things easier for me. For being the amazing role model you are; a learned man, full of heart and compassion, who places family above all else always. I love you!

To my husband, Sonny, the most amazing soul I have ever had the honor of knowing, my biggest fan, and the one who provided the gentle nudge to make this all possible. You are my soul mate. Thank you for demonstrating the sacrificial and selfless love I thought only existed between parent and child. You encourage and support me to always follow my dreams, even when it means time away from you. You embrace every day and every challenge with such incredible strength and determination, always leading with kindness and without judgement, willing and ready to help anyone in need. You inspire me and make me better. Thank you for choosing me and always making me feel cherished. I love you more than can ever be properly articulated with mere words!

Acknowledgements

Dr. Mary Ellen Roberts, thank you for facilitating this process and being such an integral part of turning this DNP dream into a reality, not just for myself, but for so many nurses before me and, I am certain, so many after. Thank you for so tirelessly guiding and encouraging this program and for all that you do for the nursing community every single day!

Dr. Diane McClure, my academic guardian angel, thank you for all of your support, guidance, care, and compassion. You are truly and exceptional woman, nurse, and human being. Thank you for everything you have done in order to see me through this program and for being simply holistically amazing!

Dr. Teresa Conklin, my reader, thank you for so thoroughly and selflessly reviewing my paper during a time when healthcare and nurses everywhere are already inundated. Thank you so very much for your thoughtful recommendations and contributions!

Finally, thank you to all nurses everywhere of the past, present, and all those to come in the future. Those of the past for forging the way to facilitate where we are today individually and as a profession; for leading us to a time and place such that attaining a DNP is no longer a fantasy. Our present nurses, for your dedication and drive to do more and persevere. Those of the future, for all the places you will take us and continuing this impetus we have and are continuing to build together. May all nurses everywhere and always remember that self-care is not selfish!

TABLE OF CONTENTS

Page

ABSTRACT

An educational initiative was developed and implemented to aid in ascertaining if self-care modalities implemented by nurses lead to decreased symptoms of compassion fatigue and burnout, to support current research that self-care practices do prevent compassion fatigue and burnout, and to enhance the growing body of evidence to support nursing and self-care practices. This educational initiative and preventive program included the creation and implementation of a one-hour training session for early identification of burnout among occupational health nurses with a follow up self-enrollment in a four-week initiative focusing on self-compassion interventions and Mindful Self Compassion (MSC) for participating nurses. This was initially rolled out as a pilot session which included 12 occupational health nurses. After evaluation of the pre and post assessment results from the pilot session, the organization approved national (USA and Puerto Rico) roll out to over 100 nurses with 62 nurses self-enrolling and 28 completing all four sessions and the pre and post assessments. Dr. Jean Watson's Theory of Human Caring and the 10 Caritas Processes were used as the theoretical framework for this initiative with each session focusing on one or two applicable Caritas processes establishing the essence of the program and the reality that caring ability among nurses begins with the ability to care for the self. Pre and post assessment evaluations demonstrated that program participants implemented more self-care practices and experienced fewer symptoms of compassion fatigue and burnout. This program and respective sessions can easily be replicated for nurses in any occupational health practice, within other nursing specialties and may also be tailored for all healthcare providers in any setting. It is a cost-effective, approachable, and seamlessly integrated preventive measure that organizations can leverage and all nurses can benefit from.

Keywords: self-care, burn out, compassion fatigue, nurses.

I. BACKGROUND

a. Definition of Terms

Occupational Health Nursing is a diverse specialty branch of nursing wherein the occupational health nurse (OHN) takes on a holistic approach to enhance the relationship between employees and the employer and employee and their health and wellbeing (American Association of Occupational Health Nurses [AAOHN], 2021). The scope of the OHN reaches far beyond the functions of one day or shift as they will work with and aid the same patient population for extended lengths of time and may become more intricately involved in lives of their patients. The OHN is responsible for emergency treatment and follow up management of cases, case management of short term and long-term disability cases, workplace injury management and return to work processes, non-occupational injury and illness evaluation and return to work evaluation, safety, workplace injury prevention program implementation, compliance with local and federal regulations, and much more. Many times, the work must be brought home with the OHN and common reports from OHNs are that the "workload is overwhelming" and there is not enough time to complete what is expected (de Jager et al., 2016, p. 262). Over the last eighteen months, as a result of the COVID-19 pandemic, the workload for all nurses, including OHNs, has exponentially increased to include COVID tracking, contact tracing, education, case management, workplace protocols, and much more all while continuing to tend to the standing requirements and needs of both employers and employees.

Evidence shows that "burnout among nurses is a serious and frequent health issue carrying serious negative implications not only for nurses but also for patients, colleagues and health care organizations" (Galanis et al., 2021, p. 3287). When evaluating research findings, the relationship between burnout and lower self-compassion and increased self-compassion

and lower compassion fatigue, becomes evident. “Understanding the lack of compassion and the effects of burnout in patient care are priorities in health” (Dev et al., 2018, p. 81) especially when faced with nursing shortages, increased societal healthcare demands and exploited healthcare systems. “Compassion fatigue can negatively impact patient safety and quality care, leading to patient dissatisfaction and institutional strain” (Peters, 2018, p. 467). The OHN in the occupational health setting is no exception to this evidence. Early identification and prevention of burnout and compassion fatigue symptoms has been shown to help prevent worsening conditions. Studies have demonstrated that prevention of burnout and compassion fatigue begins with the ability to be kinder to oneself. “Nurses who are gentler with themselves in times of difficulty experience less burnout and are likely better able to sustain compassionate care over time (Dev et al., 2018, p. 87). Increased self-compassion has been associated with lower compassion fatigue. In order to avoid jeopardizing the compassion of care provided to patients and maintain the overall wellbeing of nursing staff, education and intervention of burnout and compassion fatigue are imperative.

Self-compassion is defined as the “ability or tendency to respond to the self in times of failure or distress with kindness and understanding” (Dev et al., 2018, p. 82). In essence nurses who give themselves permission to forgive and be kind to themselves, have an increased ability to express kindness to others including their patients. The adage of giving oneself oxygen on a falling plane first in order to help other passengers applies. Furthermore, research demonstrates that “self-compassion can be trained and there is no reason to suspect that standardized trainings would not be to the benefit in either practicing or trainee nurses” (Dev et al., 2018, p. 82). And that “education and training may have a moderating effect on compassion fatigue and burnout” (O’Callaghan et al., 2019, p. 4).

When evaluating research findings and discerning the relationship between burnout and lower self-compassion and increased self-compassion and lower compassion fatigue, one must consider that increasing awareness of burnout symptoms and implementing modalities to increase self-care among nurses would result in decreased compassion fatigue. “Understanding the lack of compassion and the effects of burnout in patient care are priorities in health” (Dev et al., 2018, p. 81) especially when faced with nursing shortages and overburdened healthcare systems. “Education on compassion fatigue will enhance nursing awareness of symptoms and preventative measures” (Peters, 2018, p. 471) which will ultimately lead to increased job satisfaction among nurses, increased compassion and better patient experiences.

b. Description of the Project

“Burnout is widespread among nurses” and “has serious consequences for both nurses and patients” (Dev et al., 2018, p. 81). As nurses continue to give of themselves in the care of others, empathizing with their pain and suffering, they run the risk of becoming collateral damage in the process. The more care they provide absent of their own self-care, the more at-risk nurses become of burnout and compassion fatigue.

The project consisted of a preventative initiative including the creation and implementation of a one-hour training session for early identification of burnout among occupational health nurses with a follow up self-enrollment in a four-week pilot self-compassion intervention (Sci) with a focus on Mindful Self Compassion (MSC). The program was supported by and implemented in an Occupational Health department within a large multinational employer. The one-hour early identification introductory session was deployed to 89 OHNs. The four-session program was then initially implemented as a “pilot” and included 12 occupational health nurses. After completion of the pilot program and review of the pre and post assessments

results, the program was approved for national roll out to all US and Puerto Rico based occupational health nurses within the organization. The national program sessions included self-enrollment of 62 nurses with 28 completing all four sessions and pre and post assessments included in the data results. Inclusion criteria consisted of occupational health nurses working part time or full-time including contract and temporary staff, attendance in all four program sessions, and completion of the pre and post assessments. The pre and post assessment tool was created by the author and validated by an expert in the field of self-care who has worked with Dr. Jean Watson. The pre and post assessments gathered data including age, sex, years in nursing practice and whether participants were currently working full or part-time.

The pre and post assessments consisted of 14 questions and were answered on a scale from 0 – 4 indicating how often participants experienced the scenarios or symptoms delineated in the questions with 0 = Never, 1 = Infrequently, 2 = Sometimes, 3 = Often, and 4 = Always. Including participant name was optional, however, every participant did include their name eliminating the need to develop a secondary method of identification for participants in order to compare results from pre and post assessments. The posttest specified that the questions pertained to participant thoughts and feelings after completion of the 4-week Self Care Program. The questions on the pre and post tests were the following:

1. I prioritize the needs of others before my own needs.
2. I feel as though there is seldom enough time to engage in my own self-care.
3. I engage in self-care practices regularly.
4. I feel “burned out”.
5. I have felt fatigued at least once per week during or after work.
6. I have felt desensitized with patients, their conditions, and/or their stories.

7. I have experienced sleep disturbances (either too much, too little, difficulty falling or staying asleep, and/or nightmares).
8. I have felt that I have a short fuse and/or have been quick to anger with people.
9. I have considered resigning, have changed jobs, and/or have sought out other jobs.
10. I have experienced feelings of anxiety or increased anxiety related to work.
11. I have had a cynical outlook on life and/or work or negative attitudes towards coworkers and/or job.
12. I have experienced feelings of detachment, low mood, and/or lack of creativity.
13. I have experienced difficulty concentrating.
14. I have experienced physical symptoms of exhaustion, muscle tension, and/or gastrointestinal disorders unrelated to an underlying medical condition.

The preprogram session consisted of a 1-hour preliminary presentation depicting the impact of burnout and compassion fatigue and the importance of prevention and was followed by self-enrollment by interested nurses in the educational initiative titled "*Self-Care is not selfish: An educational initiative for nurses*" (copyright @ 2021) which consisted of four 45-minute PowerPoint presentations implemented each week during 4 weeks. The presentations were titled (1) Self Care Is Not Selfish, definitions, signs and symptoms of compassion fatigue and burnout, research identifying the importance of self-care in the prevention of both, introduction to self-care strategies, and Dr. Jean Watson's theoretical framework for the program; (2) Nutrition & Movement: The Foundations to Self-Care, covering the impact and importance to self-care surrounding nutrition, activity and inactivity/rest; (3) The Heart & The Mind: Our Thinking and Feeling Self-Care Components, covering mental, spiritual, and sociocultural components to self-

care; and (4) Loving Kindness: A Lifelong Practice, covering mindfulness, gratitude, accountability, meditation, and aromatherapy. Two objectives were set upon completion of each program session. The first objective was that participating nurses identified one area discussed during that session to add or improve on for self-care immediately. The second objective was that each participating nurse identify a second self-care modality discussed that day to implement within the next 30 days. Open discussion time of 15-20 minutes was incorporated at the end of each session to afford participant nurses the platform and opportunity to engage in open dialogue and sharing.

Research indicates that nurses must prioritize their own personal needs in order to prevent burnout and compassion fatigue with a focus "to improve nurses' personal wellness in five areas: nutrition, rest, quality of life, physical activity, and safety" (Ross, 2020, p.440). All five areas were covered and prioritized within the four program sessions.

The sessions focused on the following Caritas (Watson, 1991, 2002, 2005):

- Session 1: *Calling All Nurses: Self-Care Is Not Selfish*
    - Jean Watson's Theory of Human Caring and the 10 Caritas Process as the theoretical basis for the program and provide a high level review all 10 Caritas Processes.
- Session 2: *Nutrition & Activity: The Foundations of Self-Care*
    - Caritas 9 – Assistance with the gratification of basic human needs as sacred acts. Encompasses lower order and higher order needs.
        - Lower order (covered in this session)
            - Biophysical = Survival needs
                - Food and fluid, elimination, and ventilation
            - Psychophysical = Functional needs

        - Activity (ADLs, exercise, and entertainment) and inactivity (rest and recovery)

- Session 3: *The Heart & The Mind: Our Thinking and Feeling Self-Care Components*
    - Caritas 8 – The provision for a supportive, protective, and (or) corrective mental, physical, sociocultural, and spiritual environment
        - External variables to person – physical or social environmental functions
            - Stress
        - Internal variables to person – supportive, protective, and/or corrective activities (discussed in this session)
            - Mental
            - Spiritual
            - Sociocultural
    - Caritas 9 – Assistance with the gratification of basic human needs as sacred acts.
        - Encompasses lower order and higher order needs
            - Lower order (covered in previous session)
                - Satisfaction of these needs establishes a foundation for higher order needs
            - Higher order (covered in this session) – psychosocial needs
                - Emphasize the developmental human potential, maturity, and satisfaction with self and others
                    - Achievement need
                    - Affiliation need
    - Need for self-actualization

- Session 4: *Loving Kindness: A Lifelong Practice*
    - Caritas 1 – The formation of humanistic-altruistic system of values.
        - A qualitative philosophy that guide's one's mature life.
        - Commitment to and satisfaction of receiving through giving.
        - Involves capacity to view humanity with love and to appreciate diversity and individuality.
        - Developed through consciousness raising and close examination of one's views, beliefs, and values (*covered in last session*).
        - Further developed through experiences, exercises, and personal growth such as through meditation and therapy.
    - Caritas 3 – The cultivation of sensitivity to one's self and to others.
        - Process of honoring our own inner needs, listening to our inner voice, and connecting with our deepest source of awakening into being and becoming.

The educational initiative was an attempt to mitigate burnout and compassion fatigue among nurses in the organization with the hope of leveraging results for proposal and implementation within all sites, at other health care organizations, and throughout the entire nursing community.

c. Purpose of Project

The implemented program was an initial step in enhancing awareness, mitigating symptoms of burnout and compassion fatigue, and increasing work and life quality for nursing care providers. "Burnout is not just a term for being overworked; rather it is a measurable condition that takes a heavy toll on health care providers, leads to lower quality of care and increased errors…similar to burnout, compassion fatigue carries a heavy personal toll, including

isolation from others, excessive drinking and over-eating, drug use and other detrimental coping measures" (Alharbi et al., 2020, p.1). The initiative yielded not only positive benefits for one of the greatest organizational assets, the nurses, but also for the community they each serve and the organization as a whole. "Enhancing culture and building programs to reinforce these values is critical to driving retention" (NSI Nursing Solutions, Inc., 2020, p. 13). Happy health care providers equate to less staff turnover which benefits the organization and better patient care which most obviously benefits the patients but also extends to communities, families, and organizations (NSI Nursing Solutions, Inc., 2020, Bland Jones & Gates, 2007). In the occupational health setting, the patients are also employees. Better care of the employees equates to happier employees which also equates to less turnover and a healthier organizational culture. "Nurse turnover is a recurring problem for health care organizations. Nurse retention focuses on preventing nurse turnover and keeping nurses in an organization's employment" (Bland Jones & Gates, 2007, p. 1). Through increased attention and resources dedicated to the self-care of nursing staff, the organization will benefit from increased employee and patient satisfaction and decreased nursing turnover.

The global pandemic of SARS-CoV-2 infection presented increased challenges for OHNs within the organization.

> "Nurses are under extreme and persistent psychological pressure since they are particularly exposed to the threat of SARS-CoV-2 infection, they become overwhelmed by fear for the safety of their own health, their close family members, and their patients…Under these circumstances nurses experience severe psychological and mental problems that could lead to burnout, and then lower productivity, errors in clinical settings, and lack of concern handling patients" (Galanis et al., 2020, p. 3287).

Within the first six months of the pandemic, the organization began experiencing increased rates of nursing and wellness team retirement, attrition, and turnover within the department. Roles included OHN site leads, OHN campus leads, wellness staff employees, members of the executive team, and senior OHNs. One OHN site lead shared that the new role they were taking on had no responsibility, management, or oversight of pandemic protocols as these tasks were all outsourced with the new organization which was the major deciding factor in their decision to leave the department/organization. “COVID has not only amplified the mismatch between supply and demand of labor, but, it has also stressed the industry and providers” (NSI Nursing Solutions, Inc., 2021, p. 1). Also, as a result of the pandemic, all health fitness members with oversight of the on-site fitness centers were initially placed on a company paid “COVID leave” and ultimately furloughed. This all severely impacted the already compromised morale within the department and compounded the risk of remaining OHNs, with a proclivity to taking on more than they realistically could or should, to experience new or worsening symptoms of burnout and compassion fatigue.

The pandemic instilled a general sense of calamity among OHNs. While most organizational employees (80% or greater) were working from home and not on-site, the OHNs continued to report to work in some capacity and many continued their normal pre-pandemic work schedules, specifically those with oversight of manufacturing and distribution sites considered “essential to business continuity”. While some “normal operating tasks”, such as surveillance testing, were temporarily suspended, OHNs were now tasked with a miscellany of new, unfamiliar, ever changing, and daunting pandemic related responsibilities. These tasks included but are not limited to COVID case tracking, contact tracing, education, case management, and workplace protocols.

For most sites, the pandemic related cases exceeded 100 per week and while a centralized team was quickly identified and deployed to include contracted nursing staff who carried out initial intakes, the ultimate responsibility and burden rested with each local nursing team. Local OHNs of manufacturing and distribution sites were responsible for their respective sites in disease tracking, management, pandemic education, and return to work protocols and clearances; most of which included three shifts and were operational 24/7. For the initial months of the pandemic, OHNs of such sites were working an average of 10-14 hours Monday through Friday and a minimum of 3-4 hours on Saturdays and Sundays. Adding insult to injury was the fact that guidance and recommendations were ever changing as specialists and agencies learned more about the SARS-CoV-2 virus, risk, transmissibility, and effective mitigation efforts. OHNs would disseminate information one day that would subsequently change the next day or week and no longer be accurate or relevant. This was many times met with irreverence by employees who were also experiencing physical, social, emotional and mental fatigue as a result of the pandemic, feeling isolated, and fearful of becoming ill themselves or losing a loved one.

The risk for burnout and compassion fatigue among nurses and healthcare staff globally and of OHNs within the organization was higher than ever and the signs and symptoms were becoming ever more evident and undeniable. This program was an initial action in not only increasing the general awareness of OHNs to the signs, symptoms, and mitigating efforts of burnout and compassion fatigue, but also to empower OHNs in prioritizing their own health and wellbeing.

d. Goals and Objectives

The goals and quality metrics that were utilized for this program are as follows:

Short term goals:

- Identify key stakeholders in the financing and approval of program, educate them on benefits of program and obtain buy-in.
    - Finance
    - Nursing staff
    - Management
    - Employee patients
    - Leadership
- Identify Occupational Health (OH) clinics with highest levels of turnover and signs of burnout for pilot program implementation.
- Offer one day pre-program training course for early identification of burn out symptoms among OHNs.
- Develop schedule of times and days for sessions to best accommodate nurses' participation in the program.
- Develop pre and post program assessment to evaluate for change impact and discern effectiveness.

Long term goals:

- Leverage results of program for implementation on other nursing units and eventually to other departments.
- Support and add to much needed research in this arena.
- Change organizational culture.
- Metrics:
    - Decrease signs and reports of nursing burnout.
    - Decrease nursing turnover.

- Increase reports of self-compassion and self-care.
- Increase morale of nurses via newly developed sense of community in sessions and expressed commonalities.

Resources Needed:

- Five PowerPoint Sessions (1 Introductory Pre-Program Session and 4 educational initiative sessions) – Development, Planning, Preparation, Practice.
- Pre and Posttest – Development, Completion, Review.
- Identification and reservation of adequate space and equipment (technology, conference rooms, headphones, etc.) to carry out program sessions.
- Marketing of program.
- Recruitment of volunteer nursing staff participants.

e. Significance of the Project

"The healthcare labor market continues to be bullish with demand for nurses and allied professional outpacing supply. Registered Nursing is listed as one of the top growth occupations through 2026" (NSI Nursing Solutions, Inc., 2020, p. i). The nursing profession represents more than the number of living breathing bodies filling a particular vacancy; patients demand and deserve the level of care that care providers would want for themselves and their loved ones. That care begins with the self-care of nurses and preventive programs such as the one implemented, reviewed, and discussed in this paper.

Burnout among nurses was a serious health problem and risk prior to the SARS-CoV-2 pandemic and it has been found that the "COVID-19 pandemic presents a sort of perfect storm regarding the intersection of chronic workplace stress resulting in high rates of [healthcare worker] burnout and acute traumatic stress" (Magnavita et al., 2021, p. 2). It would have been

impossible to have prescience of the pandemic and its related implications for nurses globally and within the organization. The project idea and development commenced more than three years ago. The author has always valued and believed in the benefit of the practices and recommendations comprised within each session and has endeavored to live, both personally and professionally, prioritizing self-care activities for benefit of the self, patients and loved ones.

Never could the author, nor anyone else, have anticipated what the last 18 months would present with the pandemic and how much more relevant and important this work would become. The initial pre-program session came at a time of heightened fear, uncertainty, work overload, stress, and employee attrition, voluntary and unvoluntary. Nurses within the organization were starving for a scintilla of hope; hope that things would improve, that they would see their families again soon, that a vaccine would be developed, that masks would no longer be needed, that pre-pandemic work and personal tasks could recommence, that they could travel, that they could experience even a semblance of reprieve from the unyielding and relentless onslaught of COVID-19 taking them away from the people, activities, and places they loved and found escape in. This project was an attempt at providing that glimmer of light at the end of the tunnel. It was an effort to refocus the OHNs that self-care is not selfish but rather a necessity and affording them the opportunity to give themselves permission to prioritize their needs and well being in order to better care for those around them.

The denial of this program would inevitably lead to more of the same results that had been seen – continued nursing burnout and turnover which also translated to negative patient experiences and continued negative financial impact for the organization. As previously discussed, studies support the theory that self-care modalities and increased self-compassion result in decreased burnout and compassion fatigue among healthcare providers, specifically

nurses. In addition, Delaney (2018) and Gregory (2015) strongly support that self-care modalities such as mindfulness and self-compassion can be trained and quickly yield positive results. Especially during the pandemic and afterwards, research supports programs aimed at encouraging self-care activities, mindfulness, improved mental health, and psychological micro practices in the prevention of burnout are imperative (Alharbi et al., 2020; Galanis et al., 2020; Murat et al., 2020; Raudenska et al., 2020; Ross, 2021).

Abnegating the need of this and other similar programs not only perpetuates the current cycle of burnout, turnover and decreased staff satisfaction, but also negates the opportunity to support research in a much-needed area.

> "It is a challenge to design programs to alleviate acute stress from ongoing events, focus on stabilization and symptom formation, and reprocessing trauma memories…founded on CBT and mindfulness practices with an aim to manage symptoms of emotional exhaustion and depersonalization…mindfulness, gratitude practices, CBT, imagination…and reading have also been demonstrated as successful…it is a call to set up programs like these to prevent…burnout during the pandemic" (Raudenska et al., 2020, p. 557).

This program meets all of the aforementioned recommendations and proves invaluable not only to further support the theories that increasing self-care among nurses reduces burnout and compassion fatigue but also supports the implementation of such interventions in workplaces which inevitably translates into better care and experiences for patients and organizations.

II. REVIEW OF THE LITERATURE

An extensive and comprehensive search of English-language medical literature was carried out to examine relevant publications between the years of 2011 – 2021 on compassion

fatigue, burnout and prevention of each among nurses. The author initially screened title and abstract of the records then full text. A total of 189 records were identified through electronic databases. After screening of titles and abstracts, the author removed 170 records and added six more records identified via scanning of reference lists. Finally, twenty-five (25) publications were identified as meeting the search criteria and potentially being used. The following key terms were utilized to extricate studies related to burnout and compassion fatigue among nurses and the prevention thereof: “compassion fatigue”, “burnout”, “nursing”, “prevention”, “education”, “training”, “early identification”, “self-care”, “self-compassion”, “quasi-experimental design”, “experimental”, “pandemic”, SARS-CoV-2”, COVID-19”, and “mindfulness”. After review of the 25 publications for inclusion, the author ascertained that they all afforded some insight and relevance to compassion fatigue and burnout among nursing, however, only ten (10) of these articles were selected for the systematic review. Exclusion criteria for the publications included: small sample sizes, lack of interventions, non-statistically significant outcomes. Of the remaining 10 articles selected, three (3) were identified all of which support that increased self-care measures among nurses decrease and improve the effects of burnout and compassion fatigue. All three studies concluded that increased implementation of self-care measures mitigate the effects of compassion fatigue and burnout.

The three final studies selected are as follows:

Delaney, M. C. (2018, November 21). Caring for the caregivers: Evaluation of the effect of an eight-week pilot mindful self-compassion (MSC) training program on nurses’ compassion fatigue and resilience. PloS ONE, 13(11), 1-20. http://dx.doi.org/10.1371/journal.pone.0207261

Dev, V., Fernando III, A. T., Gigi Lim, A., & Consedine, N. S. (2018, February 20). Does self-compassion mitigate the relationship between burnout and barriers to compassion? A

cross-sectional quantitative study of 799 nurses. International Journal of Nursing Studies, 81, 81-88. http://dx.doi.org/10.1016/j.jnurstu.2018.02.003

Gregory, A. (2015, May 11). Yoga and mindfulness program: The effects on compassion fatigue and compassion satisfaction in social workers. Journal of Religion & Spirituality in Social Work: Social Thought, 34, 372-393. http://dx.doi.org/10.1080/154264432.2015.1080604

Main characteristics of the three final studies included are depicted in Table 1.

There is an abundance of literature supporting the correlations between increased self-care and self-compassion and decreased burnout and compassion fatigue and inversely decreased self-compassion and self-care and increased burnout and compassion fatigue. However, research in assessing self-care/self-compassion interventions and their impact on burnout and compassion fatigue for nurses is fairly new resulting in extremely limited empirical evidence especially as specifically correlated to nursing. Nonetheless, the evidence that is thus far available all strongly supports the concept that self-care interventions and modalities do in fact mitigate burnout and compassion fatigue among nurses. Additionally, recent research supports that self-care activities and programs are vital in mitigating and treating burnout and compassion fatigue among healthcare workers not only during the pandemic but also after.

A systematic literature review provided the most relevant results of quasi experimental design studies evaluating the impact of self-care interventions on decreased burnout and compassion fatigue among healthcare professionals. The literature search was followed by a thorough literature review which concluded with the identification of three relevant studies: two (2) quasi experimental design studies (one nonequivalent control group pretest and posttest designs and one observational mixed research pilot study) and one (1) cross sectional nonexperimental design. It is duly noted that true experimental designs are most valued when

TABLE 1 Main characteristics of the three final studies included in systematic review.

Author	Purpose of the Study	Inclusion Criteria	Exclusion Criteria	Intervention	Outcomes	Measures	Effect Size
Delaney (2018) Design: Single Group Evaluation Pilot Study Subjects: N = 13 Convenience Sample, no control group	Provide preliminary evidence of training self-compassion skills to nurses in relation to reducing compassion fatigue	Registered nurses, currently engaged in direct patient care, no previous meditation experience	Nurses, absence of current active patient care, previous meditation experience, participants who did not complete the full eight weeks of training	Eight-week Self-Compassion Intervention (Sci) – Mindful Self Compassion Program. Two- and half-hour session each week and a half ay retreat	Post intervention participant scores for self-compassion, mindfulness compassion satisfaction and resilience all increased and scores for compassion fatigue and burnout scores decreased	Self-Compassion Intervention, secondary traumatic stress, burnout, compassion satisfaction, resilience	None reported
Dev et al., 2018 Design: Cross-Sectional Quantitative Descriptive Study Subjects: N = 799 Convenience Sample	Investigate whether self-compassion mitigates the relationship between burnout and barriers to compassion	Registered nurses, current active patient contact/care	Current absence of active patient contact	N/A	Increased burnout correlated to increased barriers to compassion, increased self-compassion predicted decreased burnout and compassion fatigue	Workload, burnout, barriers to compassion, self-compassion	Secondary stress (d=.82 95% CI) Burnout (d=1.55 95% CI) Compassion satisfaction (d=.83 95% CI) Resilience (d=1.5 95% CI)
Gregory (2015) Design: Nonequivalent Control Group Pretest Posttest Evaluation Using Mixed Research Subjects: N = 11 Convenience Sample, non-randomized	Examine the effectiveness of a self-care modality to decrease compassion fatigue and burnout among social workers	Healthcare providers (social workers), minimum of 75% direct patient care as part of daily work responsibilities, attendance to at least two program sessions	Non-social workers, less than 75% of daily work responsibilities dedicated to direct patient care, attendance to less than two program sessions	3 week Yoga and mindfulness program – 1 hour yoga and mindfulness session per week teaching eight limbs of yoga followed by a group reflection session	Increased positive perception of interactions with difficult client among experimental group and reported utilization of learned techniques in stressful situations	Mindful Self Compassion (MSC), compassion satisfaction, burnout, effects of secondary trauma	None Reported

forming evidence-based practice and quasi-experimental studies lack randomization or a control group and are, therefore, considered weaker than randomized experimental designs (Schmidt & Brown, 2019). However, in the majority of instances, the specific subject being evaluated impedes randomization or a control group due to the human health ethical component of not affording one group the intervention. In addition, research in this area of causality between a self-care intervention and decreased burnout and compassion fatigue is limited and fairly novice. Therefore, the quasi-experimental studies were selected as these designs do "serve an important function in providing beginning evidence of causality" (Schmidt & Brown, 2019, p. 177). These three studies met the following criteria which led the author to conclude that they are strong study designs: two (2) quasi-experimental design studies (one single group evaluation pilot study design and one nonequivalent control group pretest-posttest design) and one (1) nonexperimental cross-sectional descriptive study.

PICO

Population

These three studies included a total of 823 convenience sampling participants. Dev et al., (2018) had the largest sample size consisting of 799 nurses, followed by Delaney (2018) whose sample was comprised of 13 nurses, and lastly Gregory (2015) with a sample size of 11 social workers. All participants were currently working in healthcare settings and engaged in active patient care, thereby exposing them to the suffering of others (secondary traumatic stress). The sample was representative of a range of healthcare specialties including Oncology, Cardiology, Maternity, Midwifery, Intensive Care, Urology, Primary Care and Social Work. The participants were 94% female (n = 778) which is an appropriate representation of the gender ratio in the

facilities and specialties they represented. The mean age of participants was 44.73 years with an average of 19.4 years of clinical experience.

Intervention

Dev et al. (2018) carried out a nonexperimental cross-sectional quantitative study in order to discern what, if any, specific barriers to compassion among nurses exist as well as what, if any, personality factors nurses may utilize and implement in order to prevent or mitigate burnout and barriers to compassion. As mentioned earlier, research in this realm is extremely limited, while the association between burnout and compassion fatigue as well as the negative effects of both among nurses and healthcare providers have been widely studied. There is a lack of research evaluating specific barriers to burnout and compassion fatigue and the effect of self-care measures on each. For this reason, although this is not a true experimental or even quasi experimental study, the author felt it imperative to include this study as a means of setting a solid foundation that self-care measures do appear to mitigate burnout and compassion fatigue.

The second two studies evaluated the impact of a specific self-care modality/intervention on the compassion fatigue of nurses and social workers. Delaney (2018) carried out a pilot study to gain preliminary empirical evidence pertaining to the benefits of training nurses self-compassion skills. This was a single group evaluation design using mixed research methods via the implementation of an eight-week self-compassion intervention (Sci) on Mindful Self Compassion (MSC). The intervention consisted of a two and a half hour training each week for eight weeks and a half day retreat. In addition, participants were provided four practice CDs of formal and informal practice to use while working and encouraged to continue practicing the lessons learned daily throughout the program. In addition, a meditation session was held each week of the eight-week program. The core MSC principles and practices covered over the eight

weeks are as follows: Mindfulness Meditation (MM), Loving Kindness Meditation (LKM), and Compassion Meditation (CM). Lastly, this MSC program is an intervention with a manual and workbook available allowing for repeatability and accurate comparison with any future research.

Lastly, Gregory (2015) identified intervention as a 1-hour yoga and mindfulness session implemented each week during a 3-week study period, comprised of teaching the eight limbs of yoga. Each week participants (6) in the experimental group were guided through breathing exercises, yoga asanas (postures) and mindfulness activities followed by a group reflection session. In addition, participants were afforded activities to practice at home throughout the week between sessions to continue the lessons of techniques learned.

Comparison

Delaney, Dev and Gregory studies were difficult to compare due to their differences in designs. Delaney (2018) developed an observational pilot study lacking randomization to treatment or control groups thereby reducing the ability to compare with other research studies. Dev et al. (2018) was a nonexperimental cross-sectional quantitative study and therefore dissimilar to the other two quasi experimental studies. Lastly, Gregory (2015) developed nonequivalent control group pretest-posttest design, although like Delaney (2018), it also lacked randomization. Dev et al. (2018) and Delaney (2018) both studied nurses, while Gregory (2015) studied social workers. All three studies obtained approval from their respective ethics committees and informed consent from all participants.

Delaney, Dev and Gregory all explored the relationships between burnout and compassion fatigue, contributing factors, barriers and relationships of self-care modality implementation. All three studies also supported that increased self-compassion and self-care of

healthcare professionals (nurses/social workers) positively impacted a decrease in burnout and compassion fatigue.

Outcome

The outcome of these studies showed the relationship and effect of increased self-care among healthcare providers (nurses & social workers) on burnout and compassion fatigue. Dev et al., (2018) discerned that the ability of nurses to increase self-compassion increases their capacity to care and experience less burnout. Delaney (2018) demonstrated that an increase in self-compassion among nurses aligned with a decrease in compassion fatigue and burnout. Gregory (2015) concluded that the implementation of a self-care intervention, a 3-week yoga and mindfulness program, resulted in a decrease in the compassion fatigue symptoms of social workers.

Synthesis of Findings

Purpose of the Studies

The purpose of the Delaney (2018) pilot study was to provide preliminary evidence of the benefits, in relation to compassion fatigue and burnout, of training nurses skills in self-compassion specifically via the Self Compassion Intervention of an eight-week mindful self-compassion program. The purpose of the Gregory (2015) study was to examine the effectiveness of a self-care modality (yoga and mindfulness program) to decrease compassion fatigue and burnout in currently employed social workers. The purpose of the Dev et al., (2018) was twofold; the primary purpose to extend previous research by examining potential specific barriers to compassion among nurses and secondly to evaluate if self-compassion decreases burnout and barriers to compassion.

Inclusion and Exclusion Criteria

The study inclusion criteria for Delaney (2018) consisted of nurses currently engaged in direct patient care throughout varied healthcare specialties, no previous meditation experience or exposure and the exclusion criteria included any nurses not currently engaged in direct patient care, participants with previous meditation experience and participants who did not complete the full eight weeks of MSC training. The study inclusion criteria of Dev et al. (2018) consisted of nurses with current active patient care responsibilities and exclusion criteria consisted of healthcare providers who were not nurses and nurses with a current absence of active patient care. Lastly, the study inclusion criteria for Gregory (2015) was participants had to be healthcare providers (social workers) with a minimum of 75% direct patient care contact as part of their daily work responsibilities and had to attend at least two of the three intervention sessions throughout the program. Exclusion criteria was non-social workers and social workers with less than 75% of their daily work responsibilities being dedicated to direct patient care and attendance to less than two of the program sessions.

Outcomes

The three studies had similar outcomes pertaining to the effects of increased self-care causing a decrease in burnout and compassion fatigue. The studies each measured varying aspects of the aforementioned and therefore the study specific results are as follows: Delaney (2018) showed that post intervention, participant scores for self-compassion, mindfulness, compassion satisfaction and resilience scales had all increased and compassion fatigue and burnout scores had all decreased. There was strong negative association between reported scores of self-compassion and compassion fatigue and burnout. There was also a strong negative association between reported enhanced mindfulness and burnout and a positive association between mindfulness and increased resilience. Lastly, reported increased self-compassion

among nurse participants was a predictor of decreased burnout and compassion fatigue. Dev et al., (2018) demonstrated that increased burnout correlated to increased barriers to compassion among the large sample of nurse participants. In addition, self-compassion among participants correlated to reduced burnout and barriers to compassion. The outcome data highlighted that the development of increased self-compassion among nurses may protect them from burnout and compassion fatigue. Lastly, Gregory (2015) had the experiment group choose one "difficult client" prior to implementation of the intervention and at the pretest this group conveyed they were negatively impacted by interactions with said client with admittance of avoidance of this client in some manner. The posttest demonstrated that the experiment group who received the yoga and mindfulness training had an increased positive perception of their interactions with the same "difficult client" and that they were able to utilize and implement the techniques learned throughout the program as a coping mechanism in stressful situations or with that "difficult client".

Measures

The three studies encountered measures of a total of 823 subjects. Delaney (2018) recruited a convenience sample of 18 female nurses; 5 participants did not complete the full eight weeks of training making the final sample size 13. The study utilized a single group evaluation design with mixed research methods with a dominant quantitative phase consisting of calculation of descriptive and inferential statistics. The independent variable of a self-compassion intervention (SCI) in the form of an eight-week mindful self-compassion (MSC) program was identified to evaluate the effectiveness of the program on the dependent variables of secondary traumatic stress, burnout, compassion satisfaction and resilience. The qualitative phase utilized an approach based on Interpretative Phenomenological Analysis (IPA) and this data was then

integrated in the mixed method phase by quantifying the qualitative data then combining with the quantitative data to land with a coherent whole data set. This design was selected by the authors in order to enhance the interpretation of findings by allowing the elaborating of results beyond what can be interpreted from self-reporting measures alone and thereby affording a fuller understanding of the participant's experience of the intervention.

Dev et al., (2018) recruited a total of 801 registered nurses excluding 2 due to an absence of current active patient care resulting in a final sample size of 799. Questionnaires were utilized to measure variables in several ways. Background characteristics measured included gender, ethnicity, workload and years of clinical practice. Workload was gauged using a 5 point rating scale (1="too much" to 5 = "too little") and years of clinical experience were calculated by subtracting the self-reported year of graduation from the current year and adding 1 to account for the clinical experience accrued in the final year of nursing school. Burnout was measured using the Copenhagen Burnout Inventory using a 5-point scale (1 = never to 5 = always) gauging elements of exhaustion, negative job attitudes, and loss of concern for patients. The internal reliability of this measure is commonly above 0.80 (Cronbach's alpha = 0.85 – 0.87) and it considered to have high predictive validity. Barriers to compassion were measured using the Barriers to Physician Compassion Questionnaire which is the only current self-report-based measure available to measure barriers to compassion. The measure is comprised of 34 items on a 7-point rating scale (1=minimal to 7 = great deal) and is considered to have a high internal reliability (Cronbach's alpha = 0.75-0.85). Because this measure was developed for physician studies and the roles and responsibilities of physicians differ from those of nurses, a pilot sample of academic and clinical nurses was implemented to trial the items and provided feedback resulting in no major issues being noted. Lastly self-compassion was measured using the Self-

Compassion Scale-Short Form which is a 12-item self-report measure utilizing a 5-point scale (1 = almost never to 5 = almost always) to discern the ability of participants to respond to themselves with kindness and understanding in difficult/stressful times. This measure has high internal reliability (Cronbach's alpha greater than or equal to 0.86).

Gregory (2015) identified the independent variable of a yoga and mindfulness program to evaluate the effectiveness of the program on the dependent variable of levels of compassion satisfaction, burnout and effects of secondary trauma. Both quantitative and qualitative data were collected to provide a thorough evaluation of the participant experience of the self-care intervention. The quantitative phase used a pretest posttest questionnaire to measure levels of compassion satisfaction, burnout and compassion fatigue prior to and after the yoga and mindfulness program. The comparison of the data from both questionnaires provided quantifiable information regarding how effective the program was. The qualitative data was measured using a qualitative interviewing research design and the use of the ProQOL Version 5 which is a 30-item measure evaluating each dependent variable with 10 questions each. The questionnaire asked questions pertaining to attitudes, feelings and behavior of participants regarding their professional relationship with a particular client they deem "difficult".

Effect Size

Effect sizes were not reported in the Dev et. Al., (2018) and Gregory (2015) studies and therefore not reportable. In Delaney (2018) there was a large effect size shown for all dependent variables. A significant reduction in participants' baseline scores for secondary stress was found from pre 3.39 (M = 27.23) to a post score of (M=23.84) representing a large effect size of d=.82 95% CI [-1.9-0.32]. Likewise with regards to burnout, the results indicated a reduction of baseline scores of six participants from pre mean score M = 29.07 to post mean score M = 23.07

representing a large effect size of Cohen's d = 1.55 95% CI. Compassion satisfaction again demonstrated a large effect size of Cohen's d = .83 95% CI from a change from a pre mean score of M=37.92) to a post mean score of (M=41) resulting in an increase of 3.95. Lastly, resilience also showed a large effect size of Cohen's d = 1.5 95% CI from a pre intervention mean score of M = 67.61 to a post mean score of M = 80.30. This is impactful in that the larger the effect size, the fewer test subjects that are required to demonstrate that the impact of an intervention is statistically significant (Schmidt & Brown, 2019).

Similarities and Differences

When examining the similarities and differences between these three studies, the most obvious differences are the variations in study design and the subject sample of Gregory (2015) being social workers and not nurses. Dev et al. (2018) was a nonexperimental cross-sectional quantitative study and therefore dissimilar to the other two quasi experimental studies. Delaney (2018) lacked randomization to treatment or control group in the observational pilot study reducing comparability with other research studies and Gregory (2015) also lacked randomization but had a different design of nonequivalent control group pretest-posttest design. Dev et al. (2018) and Delaney (2018) both studied nurses, while Gregory (2015) studied social workers. All three studies obtained approval from their respective ethics committees and informed consent from all participants. All participants were currently actively engaged in direct patient care and therefore exposed to secondary trauma making them susceptible to burnout and compassion fatigue.

The most important similarity is that Delaney, Dev and Gregory all explored the relationships between burnout and compassion fatigue, contributing factors, barriers and relationships of self-care modality implementation and all three studies also supported that

increased self-compassion and self-care of healthcare professionals (nurses/social workers) positively impacted a decrease in burnout and compassion fatigue.

Strengths

The strengths in Delaney (2018) are the large effects size of all variables and the mixed research approach used which provided preliminary insight and empirical evidence of the impact and practical significance of self-care interventions for nurses and relation to protecting and reducing compassion fatigue and increasing resilience. The strengths in Dev et al., (2018) include the large sample size (N=799) and the use of several measures all with high internal reliability. The strengths in Gregory (2015) include having an experiment and control group wherein all participants were currently working in similar environments under the same administration with similar policies and procedures to adhere to thereby strengthening the internal validity. In addition, all participants were currently working in a high-volume social work setting thereby strengthening the study by increasing their exposure to secondary trauma.

Weaknesses

The weaknesses in Delaney (2018) include the small sample size (N=13) and absence of a control group which limit generalizability and lack of a longitudinal phase to discern if the effects/results were temporary or maintained. The weaknesses in Dev et al., (2018) include the cross-sectional observational design, convenience sampling, self-reported measures which could be exaggerated due to social desirability and recall biases and lack of observation of specific types of burnout and self-compassion. With these limitations noted, however, it is imperative to highlight that self-compassion is extremely onerous to measure outside of self-reporting. The weaknesses in Gregory (2015) include lack of randomization and limiting the sample to one agency which both weaken the generalization of findings. The author also identified a weakness

being the posttest administration to the control being delayed due to a few members from the control group not being present at work on the last day of the study which could have potentially impacted the exposure to stress. Another possible weakness identified is that only one of the treatment group participants attended all three program sessions and the remainder attended two of the three sessions. Lastly, a possible limitation was identified as the introduction of qualitative questions on the pre and posttests to the control group which could have influenced the control group to be more mindful with their patient interactions.

Gaps

Delaney (2018) highlighted a gap in research on whether or not and how self-care among nurses translates into decreased compassion fatigue and increased resilience. As such this study was the first to examine the effect of a pilot Mindful Self Compassion (MSC) training program on nurses and provide preliminary empirical evidence supporting the theory that increased self-care amongst nurses reduces symptoms of burnout and compassion fatigue. Dev et al., (2018) revealed a gap in knowledge and evidence in factors that might mitigate burnout and compassion fatigue among nurses leading the authors to carry out the study to extend knowledge beyond compassion fatigue and explore how barriers to compassion among nurses might translate into burnout. Further, in light of this gap Dev et al., (2018) explored how the development of self-compassion might reduce barriers to compassion and the resultant burnout and compassion fatigue. Lastly, Gregory (2015) identified a gap in research in the form of limited literature examining the level of compassion fatigue among social workers and no research using the self-care practice of yoga to mitigate symptoms of burnout and compassion fatigue. Therefore, this study incorporated a yoga practice to address this gap.

The three studies chosen supported the theory that self-care modalities and increased self-compassion result in decreased burnout and compassion fatigue among healthcare providers, specifically nurses and social workers. In addition, Delaney (2018) and Gregory (2015) strongly support that self-care modalities such and mindfulness and self-compassion can be trained and quickly at that yielding positive results. This is also a theory that Dev et al., (2018) highlight in their research. With that stated, it is unquestionable that nurses through the very nature of their work are constantly and consistently exposed to the hurt and suffering of their patients and giving of themselves in the care of said patients. Nurses, therefore, are undoubtedly at greater risk for burnout and compassion fatigue. What these studies have demonstrated and supported is that increased self-compassion and self-care of nurses reduces burnout and compassion fatigue. While these preliminary results and findings are certainly valuable, further research is necessary to support current research that self-care practices do prevent compassion fatigue and burnout, to add to a lack of research specifically related to nursing and self-care practices, and to develop cost-effective, approachable, and seamlessly integrated preventive programs within organizations which all nurses can benefit from.

III. PROJECT METHODOLOGY

a. Theoretical Framework

The theoretical framework used is Jean Watson's Theory of Human Caring and the 10 Caritas Processes. Nurses and nursing practice have been and continue to be associated with caring in some capacity; caring for patients, families, loved ones, society, and the list can go on. One facet of nursing practice that evidence shows is deficient is that of self-care among nurses. In order to properly care for patients, families, and loved ones, nurses must first engage in their own self-care practices, otherwise run the risk of burnout and compassion fatigue. Jean

Watson's Theory of Human Caring "provides a foundation to carefully examine and purposefully enact caring in nursing" (Watson & Sitzman, 2018, p. 5). Dr. Jean Watson's theory and the Caritas Processes was utilized in each of the sessions of the program as the fundamental principles supporting the engagement and increase of self-care practices among participant nurses. "Caring is the essence of nursing and the most central and unifying focus for nursing practice" (Watson, 1991, p. 33). This theory and principles established the essence of the program and the reality that caring ability among nurses begins with the ability to care for the self.

The theoretical framework, specific Caritas, and pertaining educational information covered for each session are delineated below:

- Session 1: *Calling All Nurses: Self-Care Is Not Selfish* reviewed Dr. Jean Watson's Theory of Human Caring and all 10 Caritas Process as the theoretical basis for the program. This session provided a high-level overview of all 10 Caritas Processes and established the basis and importance of self-care among nurses and how it translates into providing better care for patients, loved ones, and others depending on them. The 10 Caritas Processes are listed below:
    1. Sustaining humanistic-altruistic values by practice of loving-kindness, compassion and equanimity with self/others.
    2. Being authentically present, enabling faith/hope/belief system; honoring subjective inner, life-world of self/others.
    3. Being sensitive to self and others by cultivating own spiritual practices; beyond ego-self to transpersonal presence.
    4. Developing and sustaining loving, trusting-caring relationships.

5. Allowing for expression of positive and negative feelings – authentically listening to another person's story.
6. Creatively problem-solving- 'solution-seeking' through caring process; full use of self and artistry of caring-healing practices via use of all ways of knowing/being/doing/becoming.
7. Engaging in transpersonal teaching and learning within context of caring relationship; staying within other's frame of reference-shift toward coaching health/wellness.
8. Creating a healing environment at all levels; subtle environment for energetic authentic caring presence.
9. Reverentially assisting with basic needs as sacred acts, touching mind/body/spirit of other; sustaining human dignity.
10. Opening to spiritual, mystery, unknowns – allowing for miracles. (Watson, 2021).

- Session 2: *Nutrition & Activity: The Foundations of Self-Care* leveraged Caritas 9 as the framework. Caritas 9 covers assistance with the gratification of basic human needs as sacred acts. This Caritas encompasses lower order and higher order needs; the lower order needs (biophysical and psychophysical) were reviewed in this session and established the basis for higher order needs which were later covered in session 3. The biophysical needs or survival needs covered food, fluid, elimination and ventilation. The biophysical need of food was presented as an in-depth discussion of the impact of eating and taste, the cultural and social components associated with food, the psychological components associated with certain foods and eating, and a review of emotional eating. The psychophysical or functional needs covered activity and inactivity. Activity was discussed and presented as much more than exercise and covered activities of daily living and entertainment activities as well as how

neglecting to regularly fulfill these needs impacts our overall wellbeing and the significance of these needs with regards to self-care. Inactivity was explained as being "much more than sleep but also rest and recovery discussing the importance of prioritizing periods of "disconnecting" and energy recovery through engagement in relaxation and meditation practices. The primary notion of this session was improving the function of the entire body in every way and how meeting basic human needs establishes the integral foundation to successfully develop and implement an effective and sustaining self-care practice.

- Session 3: *The Heart & The Mind: Our Thinking and Feeling Self-Care Components* covered Caritas 8 & 9. This session centered around the concept of nurses offering the world, their patients, loved ones, communities, the best of them instead of what is left of them. Caritas 8 discusses the provision for a supportive, protective, and (or) corrective mental, physical, sociocultural, and spiritual environment including external variables to person, physical or social environmental functions, such as stress and internal variables to person, supportive, protective, and/or corrective activities, specifically mental, spiritual and sociocultural. Caritas 9 discusses assistance with the gratification of basic human needs as sacred acts and encompasses lower order, covered in session 2, and higher order needs, emphasizing the developmental human potential, maturity, and satisfaction with self and others, which were covered in this session. The achievement, affiliation and self-actualization needs were all reviewed.

The topics reviewed and discussed were adapting to change, negative coping mechanisms, shifting our perspective, and being kinder to ourselves and highlighting how often times we have and demonstrate much more compassion to others, even strangers, than we offer ourselves. Also covered were spiritual connections identifying that this does not

have to be religious, although it can be, the magnitude of having a belief in a higher being, irrespective of what or who we name or call it, him, her, or them, and reviewed several practices, rituals, and customs that can be therapeutic and comforting in nurturing this self-care need or spiritual connection. Sociocultural variables were also discussed and included assumptions, attitudes, roles, values, pre-conceived notions, prejudices, and superstitions with the acknowledgement and appreciation that respecting these variables is important to our self-care promotion. The session reviewed embracing the variables that add value to our lives and wellbeing while releasing those that do not serve us.

- Session 4: *Loving Kindness: A Lifelong Practice* leveraged Caritas 1 & 3 and was based on establishing the vast difference between nurses saying "me first" and "me too" through the prioritization of self-care. Caritas 1 covers the formation of humanistic-altruistic system of values and highlights the commitment to and satisfaction of receiving through giving as well as the capacity to view humanity with love and to appreciate diversity and individuality. Caritas 3 reviews the cultivation of sensitivity to one's self and to others through the process of honoring our own inner needs, listening to our inner voice, and connecting with our deepest source of awakening into being and becoming. Topics covered included guilt, the "I feel bad" syndrome, and moving past both, forgiveness toward self and others, accountability, gratitude, mindfulness, mindfulness meditations, and aromatherapy. The session focused on further developing these high-level needs through experiences, exercises, and personal growth.

Each session concluded with an exercise of participants selecting or identifying one practice to implement immediately, another to implement within the next 30 days, and then 10 -15 minutes for de-briefing and discussion of topics covered throughout the session, feelings,

thoughts, appreciations, and previous experiences. This time belonged exclusively to participants to share, learn from, and support one another.

b. Risk Analysis

Pitfalls & Risks:

The COVID-19 pandemic exponentially increased workload and compromised resources for the entire health care industry and all care providers, including nurses within the organization. The COVID-19 pandemic posed risks to the project's success as follows:

- Abated time and energy for participant nurses to attend program sessions related to increased workloads of OHNs involving COVID tracking, contact tracing, education, case management, and workplace protocols, while continuing to tend to the standing requirements and needs of both the organization and patient employees.
    - *Contingency Plan*
        - Focused education during preliminary session and throughout marketing emails delineating self-care was needed most when care providers/nurses feel most taxed in order to successfully take on tasks and prevent burnout/compassion fatigue.
        - Engaged leadership with data and supporting research findings to prioritize program in order to preserve and care for the most important department and organizational asset – employee nurses.
- Delaying of program implementation related to on-going demands and changes related to pandemic such as on-site vaccination program, mandatory testing, increase in COVID breakthrough cases, second wave of COVID during program implementation, and mandatory vaccination requirements and clinics implemented during post assessment process.

- *Contingency Plan*
  - Provided flexibility in timeline of program implementation
  - Decreased session time from 1 hour to 45 minutes per session
  - Offered “off-hour” program session times
  - Offered two sessions per week to increase opportunity for attendance
  - Offered “make-up” program sessions for participants who were unable to attend original session as scheduled
  - Offered all participants the option to complete post-assessments via telephone/Teams meeting wherein author completed responses on assessments for each participant thereby eliminating the need for each participant to print assessment, complete, scan and email or mail back to author

- Resignation of key organizational leadership supported/stakeholder.
  - *Contingency Plan*
    - Leveraged rapport established with other key stakeholders to forge forward with program implementation
    - Escalated results of pilot study to gain program buy-in from current and new departmental leadership
    - Shared pilot study nurse participant feedback with departmental leadership to provide subjective data to objective metrics from pre and post assessments

c. Implementation Timeline

Despite organizational/leadership support, interest, and buy-in for implementation of the self-care program, the SARS-CoV-2 pandemic persisted in presenting hurdles and setback with implementation. Irrespective of the acknowledged immediate need and benefit nursing staff had

for a program such as this, the urgent needs of vaccinating employees took precedent. An increase in staff resignations, early retirement, and attrition was evident and there was an urgency in deploying the self-care program as well as any other initiatives that might aid in alleviating some of the stress and symptoms OHNs were being very vocal about. After the initial postponement of the pilot program session, an integral program stakeholder and organizational leader resigned from their position resulting in program implementation once again coming to an abrupt halt.

For a short while, there was no rescheduled proposed date or time frame for implementation and alternate implementation sites were being sought out. However, as a result of the introductory presentation on the importance of self-care to the department OHNs which took place in October 2020, another department leader and a small group of OHNs learned of the possibility of the program not being implemented within the organization and rallied to make certain that did not happen. Ultimately the pilot session was approved for May 2021 with great excitement expressed by participants and leaders alike. This was followed by swift approval of national (USA & Puerto Rico) implementation which was successfully executed in July/August 2021. A timeline of program implementation and respective setbacks is provided below.

- October 2020: Introductory Pre-program Session.
- November 2020 – January 2021: Recruitment for pilot program sessions.
- January 2021: target for original pilot program implementation – postponed due to on-site vaccination program planning & preparation.
- February/March 2021: rescheduled timeline for pilot program implementation.
- March 2021: Resignation of main organization stakeholder resulting in delay of pilot program implementation.

- May 2021: Pilot Program Implementation (1 session per week on Tuesday evenings commencing May 3, 2021, and concluding May 25, 2021.
- June 2021: pre and post assessment comparison and analysis. Presentation of pilot program results to organizational leadership and attained approval for national (US and Puerto Rico) implementation.
- June/July 2021: National program implementation scheduled then delayed due to rise in cases, on-site vaccination programs, and other organizational requirements resulting in increased job tasks and workload for OHNS.
- July/August 2021: National program implementation. Sessions offered throughout the weeks of July 12, 19, & 26 and week of August 2, 2021.
- August 2021: review and analysis of pre and post assessments.
- September 2021: presentation of program pre and post assessment data and results to key leadership, discussion for future program sessions, and possibility of translating in Spanish for implementation in Central and South America territories.

d. Budget

The financial impact of the proposed program included the expenses for resources needed. The financial benefit included decreased turnover which equated to decreased costs of talent recruitment and acquisition.

> "A successful business case for nurse retention cannot be based solely on financial markers. It must also recognize that retention is not a short-term problem, but like quality, an enduring concern within health care that needs to be continually updated and evaluated as the demands of the health care industry and society change" (Bland Jones & Gates, 2007, p. 6).

Other benefits of the program, non-financial, were not easily quantifiable and included, but were not limited to, nursing staff satisfaction and fulfillment, increased employee patient satisfaction, increased sense of camaraderie among participant nurses through shared experiences, trials, and tribulations, and enhanced departmental/organizational culture of caring.

Resource Costs:

- Five PowerPoint Sessions (1 Introductory Pre-Program Session and 4 educational initiative session) – Development, Planning, Preparation, Practice
    - 15 hrs/session x 5 sessions = 75 hours x $50 (average hourly rate for temp nurse) = $3750
- Identification and reservation of adequate space and equipment (technology, conference rooms, headphones, etc.) to carry out program sessions. Two (2) hours total time to plan, coordinate, and test
    - 2 hrs x $50 (average hourly rate) = $100
- Estimated 89 staff hours for one hour burnout early identification introductory pre-program training
    - 1 hr x 89 nurses = 89 hours
        - 89 hours x $50 (average hourly rate) = $4450
- Estimated 138 staff hours (over 4 weeks) to complete program sessions (45 minutes each) per week. Sixty-two (62) nurses self-enrolled and participated in at least one of the four sessions. Breakdown of attendance and cost per session below.
    - 45 minutes/wk x all 4 wks = 3hrs x 28 nurses = 84hrs
        - 84 hours x $50 (average hourly wait) = $4200
    - 45 minutes/wk x 1st, 2nd, & 3rd wks = 2.25hrs x 8 nurses

        - 18 hours x $50 (average hourly wait) = $900
    - 45 minutes/wk x 1st & 2nd weeks only = 1.5hr x 22 nurses =
        - 33 hours x $50 (average hourly wait) = $1650
    - 45 minutes/wk x 1st week only = 0.75hr x 4 nurses = 3 hours
        - 3 hours x $50 (average hourly wait) = $150
- Lavender essential oil rollers, inspirational rubber bracelets, and laminated Caritas cards for each of the 12 pilot participants and 28 program participants who completed all four sessions (40 total).
    - 40 rollers from Piping Rock at $2.69 each = $108
    - 40 inspirational rubber bracelets from Amazon = $11
    - 100 Caritas cards – color printed, laminated and cut = $30
        - Total oils & cards = $149
- Total projected costs for staffing hours, program deployment and follow-up participant gifts:
    - $3750 for program development
    - $100 for time to identify and secure resources for successful program deployment
    - $11350 for staff hours to attend program sessions
    - $149 for nurse participant giveaways (essential oils, inspirational bracelets, and Caritas Cards)
        - Total = $15,349

*Return on Investment***:**

The main return in terms of revenue of this program is in reduction of nursing turnover which included economic and non-economic costs. “On the non-economic side, there are concerns about the practicalities: retaining adequate numbers of RNs to appropriately provide safe care to patients; over-burdening existing staff with increased workloads and demands that may bring about more staff turnovers” (Bland Jones & Gates, 2007, p. 1). The economic costs of nurse turnover can range between $33,000 to $56,000 per nurse turnover (NSI Nursing Solutions, Inc., 2020). The economic toll can be quantified as direct costs associated with advertising and recruiting, vacancy costs such as paying for agency nurses, overtime, closed units and beds, hiring costs, orientation and training, and additional turnover (Bland Jones & Gates, 2007). Indirect costs which are not as easily quantified are decreased productivity, potential patient errors, poor work environment, compromised quality of care, and loss of organizational knowledge (Bland Jones & Gates, 2007). “The cost of turnover can have a profound impact on diminishing hospital margins and needs to be managed...Each percent change in RN turnover will cost/save the average hospital an additional $306,400/yr” (NSI Nursing Solutions, Inc., 2020, p. 1). Since program implementation no participant OHNs have resigned from their positions and two have been promoted.

There are several benefits associated with nurse retention that “have been identified in the literature, such as patient safety and quality of care, patient satisfaction, nurse satisfaction and nurse safety” (Bland Jones & Gates, 2007, p. 3). The greatest benefits are those not necessarily quantifiable in dollars which include increased staff morale and job satisfaction, organizational culture and quality of care provided. “Enhancing culture and building programs to reinforce these values is critical to driving retention” (NSI Nursing Solutions, Inc., 2020, p. 13). These benefits are further discussed in the project outcomes.

e. Marketing Plan

This project was promoted to stakeholders and participants in phases.

Phase 1: Department leadership was engaged – Site and Campus Leads and AVP of Global Health Services. The COVID-19 pandemic, related additional workloads, and stressors to nursing staff were leveraged to promote the value of this program at this specific time. Available research and metrics were utilized to demonstrate the value of implementing this program, the return on investment, and the related costs of not implementing. Recent unexpected/unplanned retirement and resignation nursing staff were highlighted to explicitly discern need for program. Once buy-in was obtained, the initial pre-program session was implemented followed by approval for a Pilot of the 4-session program. An example of the email sent to the AVP of the Occupational Health Department and primary departmental stakeholder is included as Appendix E. Nurses were then recruited by campus leads for self-enrollment in the pilot program and the first twelve (12) nurses to self-enroll were included in the pilot.

Phase 2: Nursing staff was invited to the one-hour pre-program training session for early identification of burnout among occupational health nurses. Nurses who participated in the pre-program session were provided a "sneak peek" of the upcoming four-week pilot program. The pilot program was implemented to the 12 OHNs. Pre and post assessments were analyzed and data/results were leveraged to seek organizational approval for national implementation.

Phase 3: Organizational approval was received for national (US and Puerto Rico) implementation. An email (example included as Appendix E) was sent to all nursing staff advising of the four-week program with instruction for self-enrollment. Nurses who emailed the author/program manager to enroll in the self-care program then received the program invitation (Appendix F) and Teams Scheduled invites.

Once the initial program session was concluded, metrics were gathered and presented to leadership for discussion pertaining to subsequent sessions. Marketing for any future program implementation will leverage materials utilized for the pilot and first sessions.

IV. PROJECT OUTCOMES

The goals of the project were to decrease signs and reports of nursing burnout, decrease nurse turnover, increase reports of self-compassion and self-care, and increase morale of nurses via a newly developed sense of community in sessions and expressed commonalities. The signs and reports of burnout as well as the increase in reports of self-compassion and self-care were measured via the changes in pre and post assessments (Appendices H & I). The decrease in nurse turnover was measured by having no nurses who attended and completed the program resign since program implementation. Increase in morale of nurses was measured by feedback and newly implemented practices across clinics nationally. Outcomes were analyzed separately for the Pilot and National programs using SPSS statistical software tool.

Pilot Program – May 2021:

Evaluation of the pilot program was based on verbal and non-verbal responses of participants during each session, in the built-in discussion time at the conclusion of each presentation, in any communications upon completion of the sessions such as emails, and in feedback included on the post assessments. Evaluation was also based on analysis of changes from the pretest (Appendix H) responses answered prior to Session 1 of the program and the posttest (Appendix I) responses answered 1-2 weeks after the final session, Session 4, of the program.

Demographic information was obtained from the pre and posttests and included the following: Name (optional), Age, Gender, Years in nursing practice, and currently working PT

(part-time) or FT (full-time). The pre and posttests comprised thirteen statements which participants rated on a scale of 0 – 4 based on if and/or how often each statement was experienced. The post tests highlighted at the top of the page under the instructions that the questions in the scale pertained to thoughts and feelings "after completion of the 4-week Self Care Program". The 0-4 answer range was delineated at the top of the pre and posttests and were identified by the following frequency values: 0 = Never, 1 = Infrequently, 2 = Sometimes, 3 = Often, and 4 = Always.

Table 2 shows the pilot program participants (n = 12) sociodemographic/descriptive characteristics. The age range of participants was between 29 and 64 years of age with a mean age of 52 years of age. Fifty-eight percent (58%) of participants were between 53 and 64 years of age. Ninety-two percent (92%) of participants were women, and ninety-two percent (92%) worked full time. The range of years in nursing practice was between 4 and 44 years with a mean of 27 years in nursing practice. It was found that 58% of participants had worked between 24 and 43 years in nursing practice.

The pre and post assessment changes were measured by comparing the responses of participants. Question number 3 "I engage in self-care practices regularly" was removed from the analysis of burnout and compassion fatigue symptoms and assessed separately for increase in self-care practices. The burnout pretest mean score was 28.8 points while the post test mean was 21.5 points. The higher the score on the burnout questions, the higher the reported symptoms of burnout and compassion fatigue. The *t* score of 3.733 is found to be significant at the .005 level of significance. The pretest scores are significantly higher than the posttest scores indicating a decrease in reported symptoms of burnout and compassion fatigue after completion of all four program sessions. The self-care practice (question number 3 "I engage in self-care practices

Table 2: *Pilot Program: Participants sociodemographic/descriptive characteristics (n=12)*

Variable	*n*	%
Sex		
Male	1	8.0
Female	11	92.0
Age		
29 – 40	3	25.0
41 – 52	2	17.0
53 – 64	7	58.0
65 and older	0	0.0
Years in nursing practice		
4 - 13 years	3	25.0
14-23 years	1	8.0
24 - 33 years	3	25.0
34 – 43 years	4	33.0
44+ years	1	8.0
Current Work Schedule		
Full time	11	92.0
Part time	1	8.0

regularly) pretest mean score was 2 compared to the posttest mean score of 3.1. The lower the score on the self-care question, the less frequently nurses identified to engage in self-care practices. The pretest scores are significantly lower than the posttest scores indicating there was an increase in reported engagement of self-care practices.

At the conclusion of the post assessment, nurses were provided the opportunity to add comments and feedback. The comments and feedback provided are as follows:

- "This program helped me focus on mindfulness after a traumatic year. My issues with insomnia became severe and I pursued treatment which was a long hard road...It was about believing that I deserved to sleep like a normal person.
- "I found that I really looked forward to these sessions to really concentrate on feeling focused and grounded."

- This self-care module was amazing and inspired a great deal of much needed introspection. A support group for nurses similar to this module should be made available."
- "These educational sessions have made me realize that I need to prioritize myself more frequently to be a better nurse, wife, mother, and person."
- "The sessions were very professional, informative and enlightening."
- "The program is absolutely essential for every nurse new and seasoned."

Assessments of verbal and non-verbal responses during program sessions were also captured. During every session all participants nodded in agreement to presentation topics at several points throughout content delivery. During session 2, all participants laughed and expressed agreement during the "emotional eating" discussion. Two participants cried during sessions three and four. During all discussions participants each identified topics that resonated with them and shared applicable experiences. There was a great deal of discussion surrounding the SARs-CoV2 pandemic, each nurses' experiences, and identified burnout symptoms. At the beginning of sessions two, three, and four, time was allotted for nurses to share and discuss how successful they were in implementing the practices they had each chosen at the end of the previous session and whether each nurse noticed a difference or change. One nurse expressed prioritizing their self-care through addressing their chronic insomnia as a result of the program sessions. Two nurses conveyed to the author they had embarked on a new exercise routine after the program sessions which they were continuing 8 weeks post program completion.

National Program – July/August 2021:

Evaluation of the national program was based on verbal and non-verbal responses of participants during each session, in the built-in discussion time at the conclusion of each

presentation, in any communications upon completion of the sessions, and in feedback included on the post assessments. Evaluation was also based on analysis of changes from the pretest (Appendix H) responses answered prior to Session 1 of the program and the posttest (Appendix I) responses answered 1-2 weeks after the final session, Session 4, of the program.

Demographic information was obtained from the pre and posttests and included the following: Name (optional), Age, Gender, Years in nursing practice, and currently working PT (part-time) or FT (full-time). The pre and posttests comprised thirteen statements which participants rated on a scale of 0 – 4 based on if and/or how often each statement was experienced. The post tests highlighted at the top of the page under the instructions that the questions in the scale pertained to thoughts and feelings "after completion of the 4-week Self Care Program". The 0-4 answer range was delineated at the top of the pre and posttests and were identified by the following frequency values: 0 = Never, 1 = Infrequently, 2 = Sometimes, 3 = Often, and 4 = Always. The statements included in the pre and posttests are the following:

Table 3 shows the national program participants (n = 28) sociodemographic/descriptive characteristics. The age range of participants was between 31 and 72 years of age with a mean age of 57 years of age. Sixty-four percent (64%) of participants were between 53 and 64 years of age. Eighty-nine percent (89%) of participants were women and ninety-three percent (93%) worked full time. The range of years in nursing practice was between 8 and 47 years with a mean of 31 years in nursing practice. It was found that sixty-four percent (64%) of participants had worked between 28 and 47 years in nursing practice.

The pre and post assessment changes were measured by comparing the responses of participants. Question number 3 "I engage in self-care practices regularly" was removed from the analysis of burnout and compassion fatigue symptoms and assessed separately for increase in

Table 3: *National Program: Participants sociodemographic/descriptive characteristics (n=28)*

Variable	*n*	%
Sex		
Male	3	11.0
Female	25	89.0
Age		
29 – 40	2	7.0
41 – 52	5	18.0
53 – 64	18	64.0
65 and older	3	11.0
Years in nursing practice		
8 - 17 years	5	18.0
18 - 27 years	5	18.0
28 - 37 years	7	25.0
38 – 47 years	11	39.0
Current Work Schedule		
Full time	26	93.0
Part time	2	7.0

self-care practices. The burnout pretest mean score was 30.2 points while the posttest mean was 19.1 points. The higher the score on the burnout questions, the higher the reported symptoms of burnout and compassion fatigue. The *t* score of 2.994 is found to be significant at the .005 level of significance. The pretest scores are significantly higher than the posttest scores indicating a decrease in reported symptoms of burnout and compassion fatigue after completion of all four program sessions. The self-care practice (question number 3 "I engage in self-care practices regularly" pretest mean score was 2.14 compared to the posttest mean score of 2.89. The lower the score on the self-care question, the less frequently nurses identified to engage in self-care practices. The pretest scores are significantly lower than the posttest scores indicating there was an increase in reported engagement of self-care practices.

At the conclusion of the post assessment, nurses were provided the opportunity to add comments and feedback. The comments and feedback provided are as follows:

- "The sessions were therapeutic and made me realize that I do not partake in self-care often enough and I do not need to feel guilty if I do prioritize self-care activities."
- "These sessions have inspired me to further review Jean Watson's caritas to keep me focused on the reason I became a nurse."
- "These sessions were excellent and inspired me to prioritize me self-care so that I may better care for everyone around me."
- "I thoroughly enjoyed these sessions. They reinforced the importance of nurses practicing self-care, gratitude, physical and emotional health maintenance."
- "This program has taught me that it is okay to think about myself without feeling guilty. Since completing the sessions, I have made it a point to concentrate a little more on me, and realized it is acceptable to say "no" to others at times."
- "I am using many of the recommendations from these sessions to assist me on this journey of self-care. I am starting with small goals and plan to continue from here. I look forward to the positive changes ahead."
- "I notice that I have been much more mindful about the things I do and do not do and how they either add or take away from my self-care and wellbeing."
- "I have focused more on myself and activities of self-care since beginning these sessions and notice it has made a difference in how I feel at the end of the day."

Assessments of verbal and non-verbal responses during program sessions were also captured. During every session all participants nodded in agreement to presentation topics at several points throughout content delivery. During sessions 2 & 3, one nurse appeared to have fallen asleep in

her chair within the first two to five minutes of the presentations but was noted to nod at different times throughout content delivery. At the end of session three the referenced nurse shared that they were engaging in self-care by "fully committing' to themselves and the content delivery for the allotted 45 minutes by closing their eyes during the presentations in order to avoid being distracted by incoming emails and instant messages. There was limited discussion during the dedicated time at the end of each session. General and ambiguous statements thanking the author were shared. At the beginning of session four, one nurse shared they had implemented a "Gratitude Board" in their clinic and that each staff member now began their day by identifying one thing/person/experience they were grateful for that morning. The nurse shared what an impact this exercise had in only one week and other nurses stated they planned on implementing the same or similar exercise at their respective sites. Two weeks after program completion one nurse conveyed to the author that they had implemented a "Gratitude slide" at the beginning of their team meetings which had been well received by staff.

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

This educational initiative represents a proverbial "seed" planted for participant nurses with the hope and intent that they will water and nourish this seed and watch it flourish into a fruitful tree within their practice. "One of the greatest risks for compassion fatigue comes when nurses forgo their own self-care" (Jarrad et al., 2018, p.2). Participant nurses have minimally learned to promptly identify the signs and symptoms of burnout and compassion fatigue as well as at least one practice they can each implement to prevent both. This is an indispensable tool for all nurses. They have all learned not only the benefits of implementing self-care practices regularly but also the necessity of doing so and how it translates into better care for their patients

and loved ones. While the feedback, comments, and follow up communications suggested change had occurred, it is impossible to quantify this change or its long-term sustainability.

The program was deemed a success based on feedback, newly implemented practices observed among participant nurses both personally and professionally, and the possibility of implementing future sessions.

Conclusions

This educational initiative was not without limitations. The main limitation was implementation of this program during a global pandemic representing severe time constraints and which infringed on many nurses within the organization being able to join any of the four sessions of the national program and 34 of 62 nurses being unable to complete all four sessions accounting for 55% attrition in participation. The author was unable to control the timing of the program and it coinciding with the pandemic and increased workloads for nurse participants. Another noted limitation was having management and executive nurses participating in the same sessions as staff nurses which limited discussion content and authenticity. In future program deployments, the author would coordinate separate sessions for staff nurses and management/executive levels so that nurse participants could feel unencumbered in their discussions and sharing of experiences. A final identified limitation was in the lack of follow up sessions, reach out, or continued support among the participant nurses to aid in continuity of learned and implemented practices and lessons. In future program sessions, the author would consider establishing groups via a social media platform to address this limitation.

A possible limitation involves having offered nurse participants the option to complete post-assessments via telephone/Teams meeting wherein author completed responses on assessments for each participant thereby eliminating the need for each participant to print

assessment, complete, scan and email or mail back to author. Upon evaluation of this option, the author acknowledges this may have led to response bias by nurses not answering the assessments as they would have if completed anonymously. In future programs and int eh absence of a pandemic that limits the nurses time to respond, the author would not offer this option to participants.

Despite any and all limitations, program development and implementation was not in vain as evidenced by the pre and post test scores measuring overall outcomes of decreased burnout and compassion fatigue symptoms and increased self-care practices after attending all four sessions. Due to the very nature of work, stresses of caring for others and constant giving of oneself required in nursing, all nurses are at risk for compassion fatigue and burnout (Peters, 2018). This program provided the fundamental evidence and tools for nurses to prioritize their health and self-care. These tools and resources should be leveraged by organizations and staff alike to create a shift in culture that fosters and nourishes self-care among nurses. This must be a collaborative effort between organization, management, and staff. Nurses must remain steadfast in their efforts to prioritize their own wellbeing always bearing in mind that the benefits reach far beyond themselves but to everyone relying on them. In doing so, inevitably, organizations, nurses, patients, and communities may envisage improved results and outcomes.

Recommendations

The author has considered an item analysis of each question on the pre and posttests in order to rate the validity of each question as well as which questions correlate most strongly to the factors of interest. The author has also considered examining nurse participant age, differences in pre and posttests and how age may correlate to observed differences. Further research in this area while incorporating this analysis could aid in strengthening findings.

Additional education regarding self-care practices and modalities as well and integration of the aforementioned into conferences, meetings, and mini summits could prove helpful to nursing staff. Encouraging management and executive nurses to lead by example in prioritizing their own self-care could increase staff nursing compliance and adherence to self-care. It can be difficult for nursing staff to prioritize their own self-care when their leadership is encouraging it, however, not themselves implementing in practice. Providing scheduled time for nursing staff to engage in self-care practices, such as a specific afternoon of company sponsored time off or allowing "sick time" to be used for self-care days, could help in fostering a culture and environment supportive of self-care. Another suggestion is the integration of self-care moments during organizational, departmental, regional, and staff meetings. These moments may include a gratitude slide at the commencement or within the presentation, meditative moments, guest speakers on varying self-care topics, or inspirational messages throughout meetings and presentations. An additional suggestion is providing self-care books, motivational boards, journals, etc. as part of appreciation tokens in addition to or in lieu of the customary cups, lanyards, pens, and notepads.

Sustainability

In order to sustain this program and the respective tools and teachings, participant nurses could implement a group via a social media platform where experiences, learnings, support, and motivation could be shared. Self-care meetings could also be scheduled among the nurses to aid in promotion of self-care practices. Annual reunions, retreats, or trips could be implemented with a focus on self-care practices. Ultimately, the onus of sustainability relies on individual participant nurses. Practices will likely be individualized. While some nurses may take a lead on continuing the self-care initiative within the organization, group sessions or trips may not be

feasible for many nurses when considering personal and family obligations or individual preferences. Many nurses may prefer to implement self-care practices with their partners and families or individually. Self-care is not a one size fits all and, as such, will represent a plethora of experiences, modalities, and practices among nurses.

While this educational initiative was implemented with occupational health nurses, the implementation can take place with all nurses in any setting. The content and self-care practices can be applied and sustained within any organization, practice, and specialty.

The most imperative factor is not what the self-care looks like but rather that the self-care is implemented and sustained. The issue is not that nurses do not value the importance of their own self-care, the issue is that nurses are almost paralyzed in prioritizing it and consistently place everyone else's needs before their own. Actively engaging in self-care is something that nurses must do for themselves. While management, leadership, and organizations can support this endeavor, nurses must be the ones to prioritize self-care regularly, consistently, and long term; there are no shortcuts, quick fixes, or magic bullets. The only roadblock to accomplishing a self-care practice and culture among nurses are nurses themselves. Once nurses make a conscious and concerted commitment to themselves and their self-care, the rest will come naturally. As such, this program and the practices introduced therein are attainable in practice and sustainable.

V. REFERENCES

Alharbi, J., Jackson, D., & Usher, K. (2020). The potential for Covid-19 to contribute to compassion fatigue in critical care nurses. *Journal of Clinical Nursing*, *29*(15-16), 2762–2764. https://doi.org/10.1111/jocn.15314

American Association of Occupational Health Nurses. (2021). *What is occupational and environmental health nursing?* http://aaohn.org/page/profession-of-occupational-and-environmental-health-nursing. http://aaohn.org/page/profession-of-occupational-and-environmental-health-nursing

Bland Jones, C., & Gates, M. (2007, September). The costs and benefits of nurse turnover: A business case for nurse retention. *The Online Journal of Issues in Nursing*, *12*, 1-11. http://dx.doi.org/10.3912/OJIN.Vol12No3Man04

Caring science and Human Caring Theory; 10 Caritas Processes. (2021). Retrieved from https://www.watsoncaringscience.org/jean-bio/caring-science-theory/#10cp

de Jager, N., Nolte, A. G., & Temane, A. (2016, March 23, 2016). Strategies to facilitate professional development of the occupational health nurse in the occupational health setting. *Science Direct*, 261 - 270. Retrieved from http://ees.elsevier.com/hsag/default.asp

Delaney, M. C. (2018, November 21). Caring for the caregivers: Evaluation of the effect of an eight-week pilot mindful self-compassion (MSC) training program on nurses' compassion fatigue and resilience. *PLoS ONE*, *13*(11), 1-20. http://dx.doi.org/10.1371/journal.pone.0207261

Dev, V., Fernando III, A. T., Gigi Lim, A., & Consedine, N. S. (2018, February 20). Does self-compassion mitigate the relationship between burnout and barriers to compassion? A

cross-sectional quantitative study of 799 nurses. *International Journal of Nursing Studies*, *81*, 81-88. http://dx.doi.org/10.1016/j.jnurstu.2018.02.003

Galanis, P., Vraka, I., Fragkou, D., Bilali, A., & Kaitelidou, D. (2021). Nurses' burnout and associated risk factors during the COVID-19 pandemic: A systematic review and meta-analysis. *Journal of Advanced Nursing*, 3286–3301. https://doi.org/10.1111/jan.14839

Gregory, A. (2015, May 11). Yoga and mindfulness program: The effects on compassion fatigue and compassion satisfaction in social workers. *Journal of Religion & Spirituality in Social Work: Social Thought*, *34*, 372-393. http://dx.doi.org/10.1080/154264432.2015.1080604

Jarrad, R., Hammad, S., Shawashi, T., & Mahmoud, N. (2018). Compassion fatigue and substance use among nurses. *Annals of General Psychiatry*, *17*(1). https://doi.org/10.1186/s12991-018-0183-5

Magnavita, N., Chirico, F., Garbarino, S., Bragazzi, N., Santacroce, E., & Zaffina, S. (2021). SARS/MERS/SARS-CoV-2 outbreaks and burnout syndrome among healthcare workers. An umbrella systematic review. *International Journal of Environmental Research and Public Health*, *18*(8), 4361–4374. https://doi.org/10.3390/ijerph18084361

Murat, M., Köse, S., & Savaşer, S. (2020). Determination of stress, depression and burnout levels of front-line nurses during the COVID-19 pandemic. *International Journal of Mental Health Nursing*, *30*(2), 533–543. https://doi.org/10.1111/inm.12818

NSI Nursing Solutions, Inc. (2020). *2020 NSI National Health Care Retention & RN Staffing Report*. www.nsinursingsolutions.com

NSI Nursing Solutions, Inc. (2021). *2021 NSI National Health Care Retention & RN Staffing Report*. www.nsinursingsolutions.com

O'Callaghan, E. L., Lam, L., Cant, R., & Moss, C. (2019, June 16, 2019). Compassion satisfaction and compassion fatigue in Australian emergency nurses: A descriptive cross-sectional study. *International Emergency Nursing*, 1-8. http://dx.doi.org/1.1016/j.ienj.2019.06.008

Peters, E. (2018). Compassion fatigue in nursing: A concept analysis. *Nursing Forum*, *53*, 466-480. http://dx.doi.org/10.1111/nuf.12274

Raudenská, J., Steinerová, V., Javůrková, A., Urits, I., Kaye, A. D., Viswanath, O., & Varrassi, G. (2020). Occupational burnout syndrome and post-traumatic stress among healthcare professionals during the novel coronavirus disease 2019 (COVID-19) pandemic. *Best Practice & Research Clinical Anaesthesiology*, *34*(3), 553–560. https://doi.org/10.1016/j.bpa.2020.07.008

Ross, A., Bevans, M., Brooks, A. T., Gibbons, S., & Wallen, G. R. (2017). Nurses and health-promoting behaviors: Knowledge may not translate into self-care. *AORN Journal*, *105*(3), 267–275. https://doi.org/10.1016/j.aorn.2016.12.018

Ross, A., Yang, L., Wehrlen, L., Perez, A., Farmer, N., & Bevans, M. (2018). Nurses and health-promoting self-care: Do we practice what we preach? *Journal of Nursing Management*, *27*(3), 599–608. https://doi.org/10.1111/jonm.12718

Schmidt, N. A., & Brown, J. M. (2019). *Evidence-Based practice for nurses: Appraisal and application of research* (4th ed.). Burlington, MA: Jones & Bartlett Learning.

Sitzman, K. (2017). Evolution of Watson's human caring science in the digital age. *International Journal for Human Caring*, *21*(1), 46–52. https://doi.org/10.20467/1091-5710-21.1.46

Sitzman, K. L. (2007). Teaching-learning professional caring based on Jean Watson's theory of human caring. *International Journal of Human Caring*, *11*(4), 8–16. https://doi.org/10.20467/1091-5710.11.4.8

Watson, J. (2005). *Caring science as sacred science* (1st ed.). F.A. Davis.

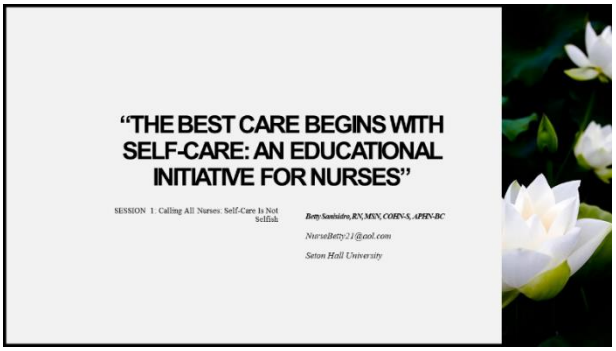
Watson, J., & Sitzman, K. (2018). *Caring science, mindful practice*. Springer Publishing Company. https://doi.org/10.1891/9780826135568.0001

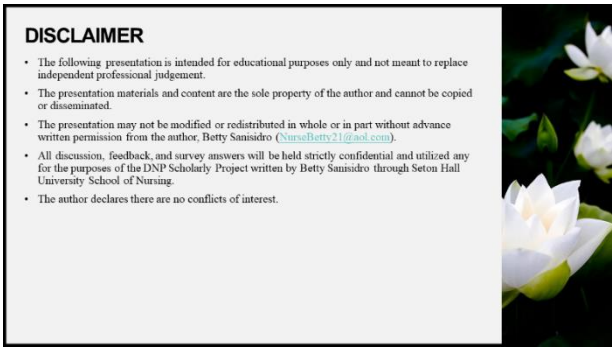
Watson, J. (1991). *Nursing: The philosophy and science of caring* (Older ed.). University Press Of Colorado.

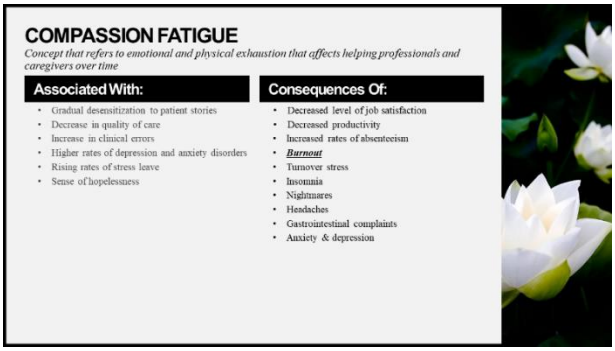
Watson, J. (2002). Intentionality and caring-healing consciousness. *Holistic Nursing Practice*, *16*(4), 12–19. https://doi.org/10.1097/00004650-200207000-00005

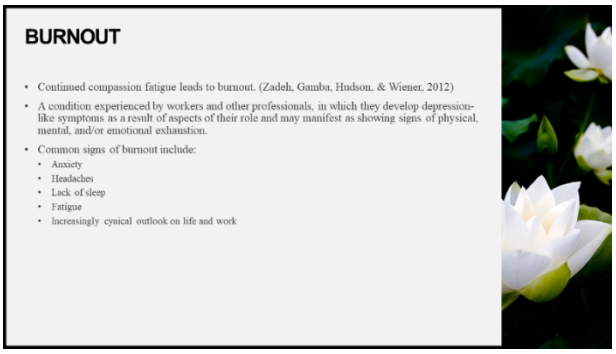
Watson, J., & Foster, R. (2003). The attending nurse caring model®: Integrating theory, evidence and advanced caring-healing therapeutics for transforming professional practice. *Journal of Clinical Nursing*, *12*(3), 360–365. https://doi.org/10.1046/j.1365-2702.2003.00774.x

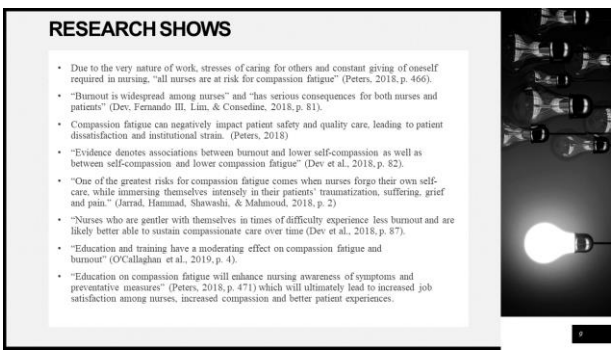
Appendix A: Program Session 1 Slides

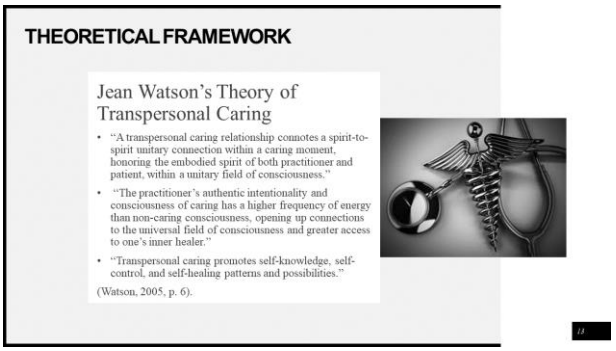


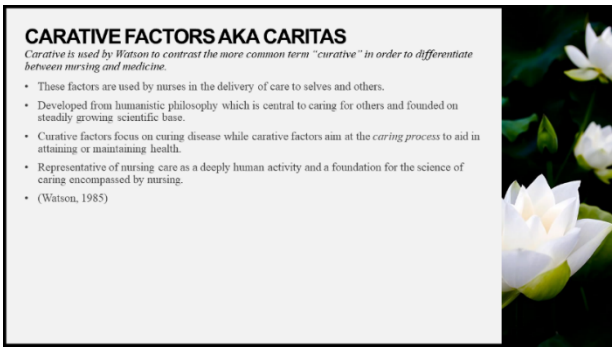












WATSON'S CARITAS PROCESSES

"Caritas" is derived from Latin meaning to cherish, appreciate, and give special or loving attention with clarity, compassion, and generosity of spirit" (Sitzman & Watson, 2018, p. 22).

- Watson has developed 10 Caritas Processes to guide nurses and others in applying her theoretical contructs and cultivate caring moments in their own practices.
- These processes are also utilized to form philosophical and professional practice foundations in clinical and academic settings.

23

CARITAS OF FOCUS

Caritas 1, 3, 8, & 9 will be the foundation of these sessions.

- **Caritas 1** - Sustaining humanistic-altruistic values by practice of loving kindness, compassion, and equanimity with self/others.
- **Caritas 3** – Being sensitive to self and others by cultivating own spiritual practices; beyond ego-self to transpersonal presence.
- **Caritas 8** – Creating a healing environment at all levels; subtle environment for energetic authentic caring presence.
- **Caritas 9** – Reverentially assisting with basic needs as sacred acts, touching, mind body spirit of other; sustaining human dignity.

(Sitzman & Watson, 2018, p. 22)

GOALS

Upon completion of all 4 program sessions, participants will:

- Be able to identify signs and symptoms of compassion fatigue and burnout.
- Be able to identify methods of preventing compassion fatigue and burnout.
- Understand the value of self-care to their practice and well being.
- Identify several areas to implement and/or improve self-care modalities.
- Trial self-care modalities introduced within the sessions.
- Choose one self-care practice to implement immediately.
- Choose one or more self-care practice(s) to implement within the next 30 days.

Questions & Discussion

"Intellectual growth should commence at birth and cease only at death."

-Albert Einstein

19

Next Sessions:

- *Nutrition & Movement:* The foundations of self-care
  - Tuesday, May 11th, 6p
- *The Mind & The Heart:* The mental emotional aspect of self-care
  - Tuesday, May 18th, 6p
- *Loving Kindness:* A lifelong practice of self-care.
  - Tuesday, May 25th, 6p

20

REFERENCES

- Dev, V., Fernando III, A. T., Lim, A. G., & Consedine, N. S. (2018, February 20, 2018). Does self-compassion mitigate the relationship between burnout and barriers to compassion? A cross-sectional quantitative study of 799 nurses. *International Journal of Nursing Studies*, 81-88. Retrieved from www.elsevier.com/locate/ijns
- Jarrad, R., Hammad, S., Shawashi, T., & Mahmoud, N. (2018). Compassion fatigue and substance use among nurses. *Annals of General Psychiatry*, 1-8. http://dx.doi.org/10.1186/s12991-018-0183-5
- Mills, J., Wand, T., & Fraser, J.A. (2018). Exploring the meaning and practice of self-care among palliative care nurses and doctors: A qualitative study. *BMC Palliative Care*, 17, 1 – 22. http://dx.doi.org/10.1186/s12904-018-0318-0
- O'Callaghan, E. L., Lam, L., Cant, R., & Moss, C. (2019, June 16, 2019). Compassion satisfaction and compassion fatigue in Australian emergency nurses: A descriptive cross-sectional study. *International Emergency Nursing*, 1-8. http://dx.doi.org/1.1016/j.ienj.2019.06.008
- Peters, E. (2018). Compassion fatigue in nursing: A concept analysis. *Nursing Forum, 53*, 466-480. http://dx.doi.org/10.1111/nuf.12274
- Watson, J. (2005). *Caring science as sacred science* (1st ed.). F.A. Davis.
- Watson, J., & Sitzman, K. (2018). *Caring science, mindful practice*. Springer Publishing Company. https://doi.org/10.1891/9780826135568.0001
- Zadeh, S., Gamba, N., Hudson, C., & Wiener, L. (2012). Taking care of care providers: A wellness program for pediatric nurses. *Journal of Pediatric Oncology Nursing*, 294-299. http://dx.doi.org/10.1177/1043454212451793

THANK YOU

Betty Sanisidro, RN, MSN, COHN-S, APHN-BC

978-333-0693

NurseBetty21@aol.com

Seton Hall University

Appendix B: Program Session 2 Slides

"THE BEST CARE BEGINS WITH SELF-CARE: AN EDUCATIONAL INITIATIVE FOR NURSES"

SESSION 2: Nutrition & Movement: The Foundations of Self-Care

Betty Sanisidro, RN, MSN, CNL, NPD-BC
NurseBetty21@aol.com
Seton Hall University

SESSION 2: NUTRITION & ACTIVITY: THE FOUNDATIONS OF SELF-CARE

Improving the function of the entire body in every way.

CARITAS 9

Assistance with the gratification of basic human needs as sacred acts.

Encompasses lower order and higher order needs

- Lower order (covered in this session)
  - Biophysical = Survival needs
    - Food and fluid, elimination, and ventilation
  - Psychophysical = Functional needs
    - Activity and inactivity
- Fundamental for survival
- Important to continued growth and development
- Often gratifying basic human needs motivates other behavior
- Satisfaction of these needs establishes a foundation for higher order needs

(Sitzman & Watson, 2018, Watson, 1985, Watson, 2005)

DISCLAIMER

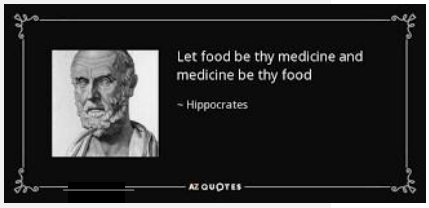
- The following presentation is intended for educational purposes only and not meant to replace independent professional judgement.
- The presentation materials and content are the sole property of the author and cannot be copied or disseminated.
- The presentation may not be modified or redistributed in whole or in part without advance written permission from the author, Betty Sanisidro (NurseBetty21@aol.com).
- All discussion, feedback, and survey answers will be held strictly confidential and utilized for the purposes of the DNP Scholarly Project written by the author through Seton Hall University School of Nursing.
- The author declares no affiliations or conflicts of interest.

GOALS

Upon completion of this session, participants will:

- Understand how nutrition and movement impact compassion fatigue and burnout either positively or negatively.
- Identify several areas to implement self care practice(s) pertaining to nutrition and/or activity..
- Choose one self-care practice specific to nutrition or activity to implement immediately.
- Choose one or more self-care practices pertaining to nutrition and/or activity to implement within the next 30 days.

PER THE "FATHER OF MEDICINE"…



7

"EMOTIONAL EATING"

Have you ever felt or said "I ate my feelings" or "I am eating my feelings"?

- Food is often used as a way to comfort or distract people experiencing stressful situations
  - This phenomenon has it has been attached to the term "emotional eating"
- Many unhealthy cycles have been shown to commence with stress related eating
  - Consumption of high fatty foods
  - Decreased intake of fruits and vegetables
  - Decreased consumption of breakfast
- Unhealthy foods (especially ones high in sugar content) are easy to access and may boost mood for a short time
  - However, after a few hours, energy levels will drop and the unpleasant emotions will reappear

YOU ARE WHAT YOU EAT

What nutrition means with regards to your self-care.

- Foods we consume become a part of our general "make up"
- Choices will impact mood, energy levels, and mental health
  - Does not mean "dieting"
  - Nourishing your body versus not restricting yourself
- Lifestyle changes which are sustainable

MUCH MORE THAN "EXERCISE"

Continuum of energy utilization with self-sustaining biorhythmic pattern

Activity	Inactivity

• Two factors of energy utilization:
  • Expenditure of energy in activities
  • Tolerance for activity
• Encompasses not only mobility, but also ADL's
  • Getting up
  • Going to work
  • Playing
  • Engaging in social activities (teams, groups, travel)
  • Exercise
  • Hobbies (Fishing, sewing, sports)
	• Sleep
	• Rest
	• Relaxation
	• Meditation

ACTIVITY & REST

What they mean with regards to your self care.

- Regular exercise and activity produces a positive effect on mood and energy levels.
- Research shows that exercise causes biochemical changes in the brain, including increases in serotonin levels, that are similar to those produces by certain medications.
- Without proper and complementary levels of rest, activity will be more arduous and/or less likely/frequent
  - Lead to fatigue – inactivity which is not "restful" resulting in weariness from physical and/or mental exhaustion
- Looking after ourselves in order to look after our patients and loved ones through the promotion of a healthy physical state.

SUCCESS IS UP TO YOU

Strategize, Plan & Prepare

- Making plans and setting goals that do not come to fruition can be discouraging and lead to withdrawal from changes
- Strategizing and planning ahead are critical to succeeding

Know yourself

Start off small/slow

Set realistic goals

Plan ahead

Get Excited!

KNOW YOURSELF

- If you know you detest beets, do not commit to eating beets every day for lunch
- If you know that you are not a morning person, do not schedule 5am exercise classes
- If you know you work better in groups, schedule yourself for exercise classes instead of committing to exercise alone.
- Enlist a workout "buddy" or an accountability buddy
- If you know having "snacks" in the house will sabotage your plan, do not purchase the "emergency" or "just in case" stash
- If you enjoy being outdoors, choose activities like hiking, nature walks, kayaking, swimming
- Do not decide to discontinue alcohol consumption just before a planned trip to Napa Valley!

GOALS & PLANNING

Set Realistic Goals	Plan Ahead

• Setting small, attainable, measurable, and realistic goals will keep you motivated and engaged in maintaining the self -care changes you initiate.
  • I will drink 6 glasses of water per day by the end of the week.
  • I will walk 5,000 steps per day for one week.
  • I will lose 5lbs in one month.
  • I will consume a vegetable with lunch and dinner everyday for 2 weeks.
  • I will have "French fries" only one day/night per week for one month.
	• Make a grocery list
	• Look up appealing recipes
	• Meal prep on the weekends or one evening per week
	• Schedule classes in advance
	• Carry sneakers in the trunk of your car for the unexpected 15 "free" minutes
	• Schedule "self-care" time in your calendar/phone
	• Schedule a "sleep" alarm
	• Stage a "goal picture" on your mirror, door, phone

DO NOT WAIT FOR TOMORROW

Let's get started today…

- Choose one change to improve on your self -care that you want to and can implement within the week
  - Write it down
  - Consider what steps you need to take in order to succeed and write those down
    - Trip to the grocery store
    - Looking up receipes
    - Figuring out the alarm clock/timer function on your phone
  - Celebrate your success in implementing that change!
- Choose a second change to implement within 30 days
  - Repeat steps above

Questions & Discussion

"The secret to change is to focus all of your energy not on fighting the old, but on building the new."

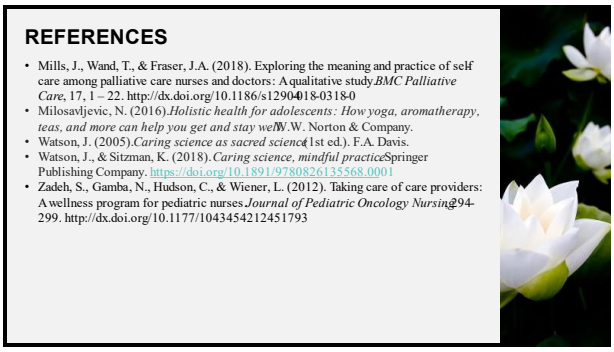
-Socrates

25

Next Sessions:

- *The Mind & The Heart:* The mental emotional aspect of self-care
  - Tuesday, May 18th, 6p
- *Loving Kindness:* A lifelong practice of self-care.
  - Tuesday, May 25th, 6p

26



Appendix C: Program Session 3 Slides

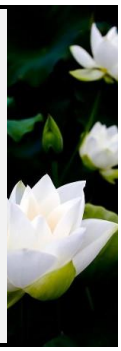
"THE BEST CARE BEGINS WITH SELFCARE: AN EDUCATIONAL INITIATIVE FOR NURSES"

SESSION 3: The Heart & The Mind: Our Thinking & Feeling SelfCare Components

Betty Sanisidro , RN, MSN, CDP, APHN-BC

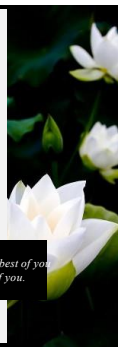
NurseBetty21@aol.com

Seton Hall University



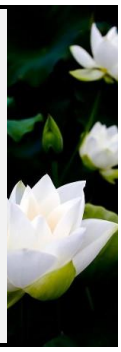
SESSION 3: THE HEART & THE MIND: OUR THINKING AND FEELING SELF-CARE COMPONENTS

Offering the world the best of you instead of what's left of you.



DISCLAIMER

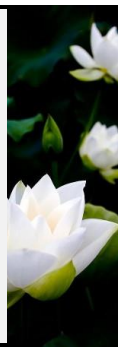
- The following presentation is intended for educational purposes only and not meant to replace independent professional judgement.
- The presentation materials and content are the sole property of the author and cannot be copied or disseminated.
- The presentation may not be modified or redistributed in whole or in part without advance written permission from the author, Betty Sanisidro (NurseBetty21@aol.com).
- All discussion, feedback, and survey answers will be held strictly confidential and utilized for the purposes of the DNP Scholarly Project written by the author through Seton Hall University School of Nursing.
- The author declares no affiliations or conflicts of interest.



GOALS

Upon completion of this session, participants will:

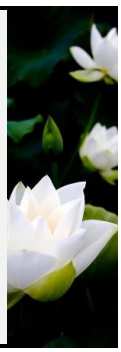
- Understand the impact of mental and emotional balance on compassion fatigue and burnout either positively or negatively.
- Identify several areas to implement self care practice(s) pertaining to thoughts and feelings.
- Choose one self-care practice specific to mental/emotional health to implement immediately.
- Choose one or more self-care practices pertaining to mental/emotional health to implement within the next 30 days.



CARITAS 8

The provision for a supportive, protective, and (or) corrective mental, physical, sociocultural, and spiritual environment

- External variables to person– physical or social environmental functions
  - Stress
- Internal variables to person– supportive, protective, and/or corrective activities (discussed in this session)
  - Mental
  - Spiritual
  - Sociocultural

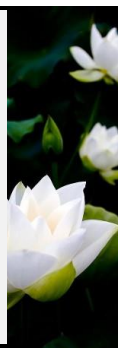


CARITAS 9

Assistance with the gratification of basic human needs as sacred acts.

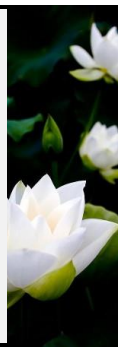
Encompasses lower order and higher order needs

- Lower order (covered in previous session)
  - Satisfaction of these needs establishes a foundation for higher order needs
- Higher order (covered in this session) – psychosocial needs
  - Emphasize the developmental human potential, maturity, and satisfaction with self and others
    - Achievement need
    - Affiliation need
    - Need for self-actualization



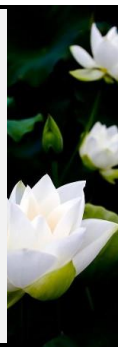
STRESS

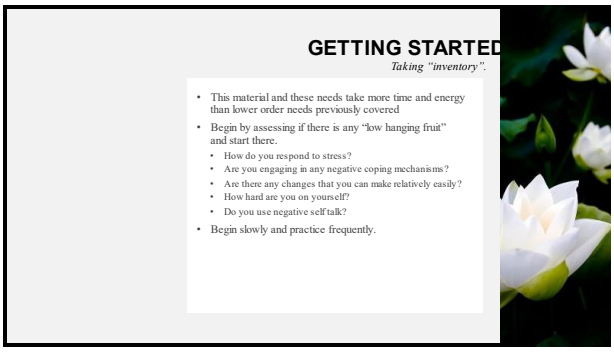
- Stress in inevitable and can result from anything that interrupts our plans or routines
- Stressors can be positive or negative (Eustress versus distress), however, the results on the individual are the same
  - Birth/Death
  - Marriage/Divorce
  - Purchasing a new home/Selling an old home
  - Having a baby/It's Twins!
  - We're administering COVID vaccine – Yay!/Yikes!
- Stress impact is contingent on our response to the stressor(s)
  - Our instantaneous appraisal of the stressor
  - Anticipation of harm, threat, and/or challenge

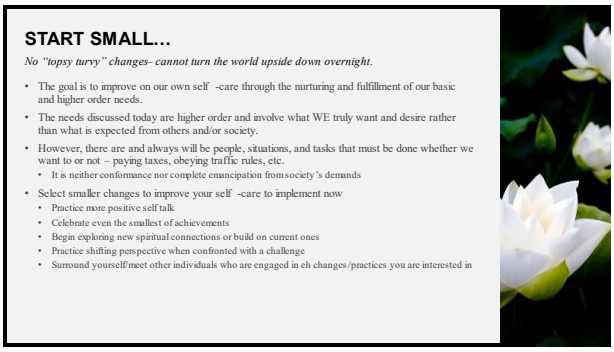


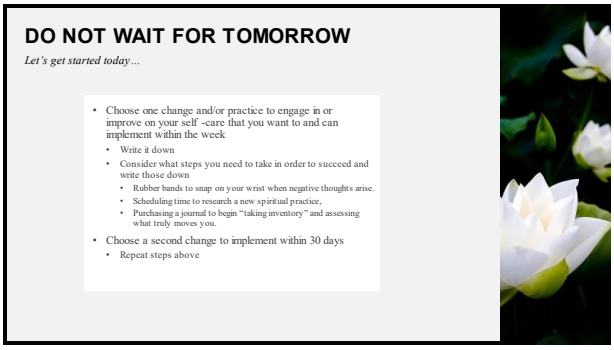
SPIRITUAL CONNECTION

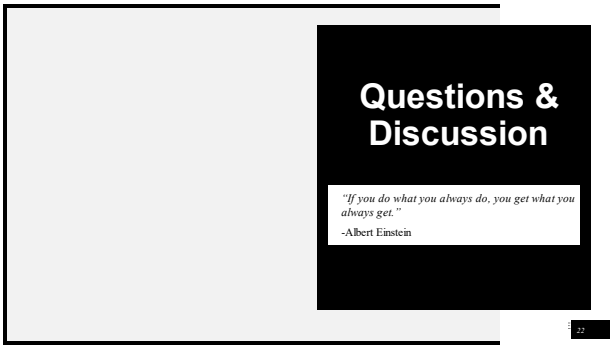
- Does not have to be religious but can be religious
- Belief in a higher power/being – God, Allah, Buddha, the Universe, Life Energy
- A comfort measure beyond our physical world
- Provides a sense of grounding, connection, belonging
- Includes practices, rituals, and customs that can be therapeutic and comforting to us as part of our self-care
  - Reading books, passages, quotes
  - Lighting candles, burning sage or sandalwood, sound bathing
  - Praying, saying affirmations, chanting

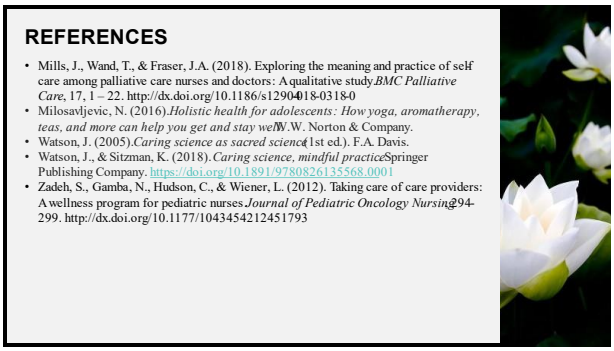










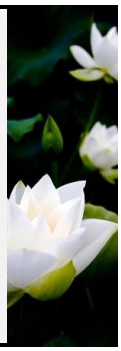


Appendix D: Program Session 4 Slides

"THE BEST CARE BEGINS WITH SELF-CARE: AN EDUCATIONAL INITIATIVE FOR NURSES"

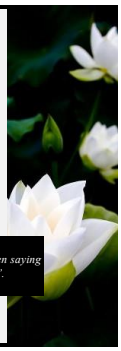
SESSION 4: Loving Kindness: A Lifelong Practice

Betty Sanisidro, RN, MSN, CDP, HHP, ADC
NurseBetty21@aol.com
Seton Hall University



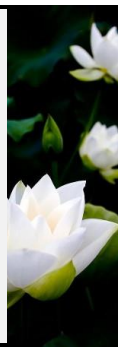
SESSION 4: LOVING KINDNESS: A LIFELONG PRACTICE

The difference is between saying "me first" and "me too".



DISCLAIMER

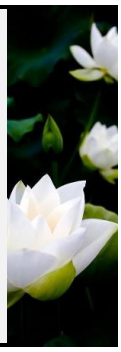
- The following presentation is intended for educational purposes only and not meant to replace independent professional judgement.
- The presentation materials and content are the sole property of the author and cannot be copied or disseminated.
- The presentation may not be modified or redistributed in whole or in part without advance written permission from the author, Betty Sanisidro (NurseBetty21@aol.com).
- All discussion, feedback, and survey answers will be held strictly confidential and utilized for the purposes of the DNP Scholarly Project written by the author through Seton Hall University School of Nursing.
- The author declares no affiliations or conflicts of interest.



GOALS

Upon completion of this session, participants will:

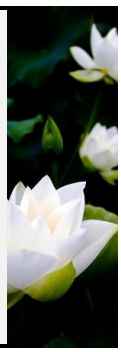
- Define loving kindness.
- Understand how loving kindness impacts compassion fatigue and burnout.
- Identify several areas to implement self care practice(s) pertaining to loving kindness.
- Choose one self-care practice specific to loving kindness to implement immediately.
- Choose one or more self-care practices pertaining to loving kindness to implement within the next 30 days.



CARITAS 1

The formation of humanistic-altruistic system of values.

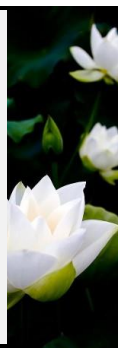
- A qualitative philosophy that guide's one's mature life.
- Commitment to and satisfaction of receiving through giving (and vice versa).
- Involves capacity to view humanity with love and to appreciate diversity and individuality.
- Developed through consciousness raising and close examination of one's views, beliefs, and values (*covered in last session*).
- Further developed through experiences, exercises, and personal growth such as through meditation and therapy.



CARITAS 3

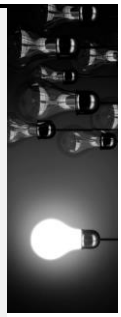
The cultivation of sensitivity to the self and to others.

- Process of honoring our own inner needs, listening to our inner voice, and connecting with our deepest source of awakening into being and becoming.
- Tending to and cultivating our own spiritual growth, insight, mindfulness, and spirituality.
- A lifelong and evolving process which without we can become desensitized and hardened losing compassion and caring for ourselves and others.



RESEARCH SHOWS

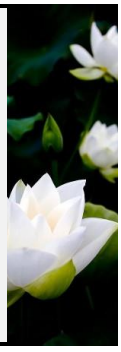
- Studies have demonstrated that prevention of burnout and compassion fatigue begins with the ability to be kinder to oneself.
- Increased self-compassion has been associated with lower compassion fatigue.
- Nurses often sacrifice their own needs to care for others.
- In short, nurses who give themselves permission to be kind to themselves and implement self -care measures, have an increased ability to express kindness and care to others including their patients.



MINDFULNESS AMONG NURSES

The Benefit…

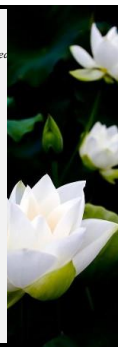
- Intentionally shift mind from habitual thinking or stressor to present moment.
- Enhance awareness and recognition of unhelpful routine thinking patterns.
- Decrease distractions and interruptions.
- Increase focus and alertness.
- Improved assessment skills and procedures.
- Enhanced communication with patients, families, healthcare providers.
- Improved collaboration with colleagues.
- Increased compassion toward self and others.



AROMATHERAPY & MEDITATION

"Smell is a potent wizard that transports us across thousands of miles and all the years we have lived." – Helen Keller

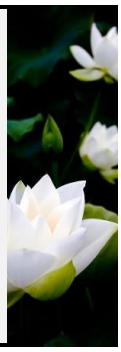
- Practice of using scents, such as with essential oils, for therapeutic benefit.
  - Uses: Inhaled, topical, or both.
- Has been used for centuries.
- When inhaled, scent molecules travel from the olfactory nerves directly to the brain.
  - Research shows they especially impact the amygdala (emotional center of the brain).
- Many studies available supporting use of aromatherapy in decreasing anxiety, improving sleep, and even lowering BP.



START SMALL…

Stick with it– don't give up!

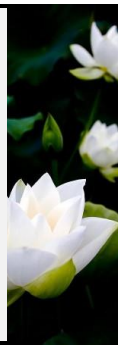
- Establishing a daily practice of loving kindness takes time and many attempts.
- Creating sustainable change in the way we think takes longer and requires more effort than other habits.
- Begin with small daily changes and practices then build on those.
- Begin with loving kindness towards self then allow it to radiate outwardly!
- Do not give up – we will stumble, it is in the stumbling that we pick ourselves up and grow.
- The more and longer you practice, the more natural and effortless this becomes!



DO NOT WAIT FOR TOMORROW

Let's get started today…

- Choose one change to improve on your own daily loving kindness practice.
  - Decide which practice(s) to focus on first.
  - Write it down.
  - Consider what steps you need to take in order to succeed and write those down.
  - Celebrate your success in implementing that change!
- Choose a second change to implement within 30 days
  - Repeat steps above



Questions & Discussion

"What we think…we become."
-Buddha

21

What's Next

No official sessions, however, this truly is a lifelong practice.

- ❖ Post Program Assessment will be emailed by Friday, 5/28/21.
- ❖ Mailing Address

Some good reads:

- *The Four Agreements: Toltec Wisdom Collection*
  - Don Miguel Ruiz
- *Happiness and How It Happens: Finding Contentment Through Mindfulness*
  - The Happy Buddha
- *The Book of Joy*
  - Dalai Lama, Desmond Tutu, with Douglas Abrams
- *The Art of Happiness: A Handbook for Living*
  - Dalai Lama and Howard C. Cutler, M.D.
- *You Are A BadAss: How To Stop Doubting Your Greatness And Start Living An Awesome Life*
  - Jen Sincero

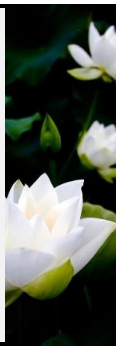
Also:

- Keep in touch – with me, one another, other individuals on the same path!

22

REFERENCES

- Dev, V., Fernando III, A. T., Lim, A. G., & Consedine , N. S. (2018, February 20, 2018). Does self-compassion mitigate the relationship between burnout and barriers to compassion? A cross -sectional quantitative study of 799 nurses. *International Journal of Nursing Studies*81-88. Retrieved from www.elsevier.com/locate/ijns
- Jarrad, R., Hammad, S., Shawashi, T., & Mahmoud, N. (2018). Compassion fatigue and substance use among nurses. *Annals of General Psychiatry*1-8. http://dx.doi.org/10.1186/s12991 -018-0183-5
- Mills, J., Wand, T., & Fraser, J.A. (2018). Exploring the meaning and practice of self -care among palliative care nurses and doctors: A qualitative study. *BMC Palliative Care*, 17, 1 – 22. http://dx.doi.org/10.1186/s12904 -018-0318-0
- O'Callaghan, E. L., Lam, L., Cant, R., & Moss, C. (2019, June 16, 2019). Compassion satisfaction and compassion fatigue in Australian emergency nurses: A descriptive cross -sectional study. *International Emergency Nursing* 1-8. http://dx.doi.org/1.1016/j.ienj.2019.06.008
- Peters, E. (2018). Compassion fatigue in nursing: A concept analysis. *Nursing Forum, 53*, 466-480. http://dx.doi.org/10.1111/nuf.12274
- Watson, J. (2005). *Caring science as sacred science*(1st ed.). F.A. Davis.
- Watson, J., & Sitzman , K. (2018). *Caring science, mindful practice*Springer Publishing Company. https://doi.org/10.1891/978082613568.0001
- Zadeh, S., Gamba , N., Hudson, C., & Wiener, L. (2012). Taking care of care providers: A wellness program for pediatric nurses. *Journal of Pediatric Oncology Nursing*294-299. http://dx.doi.org/10.1177/104345421245793



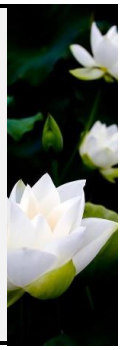
THANK YOU

Betty Sanisidro, RN, MSN, COHN-S, APHN-BC

978-333-0695

NurseBetty21@aol.com

Seton Hall University



Appendix E

[redacted],

Good afternoon – I hope this email finds you and your loved ones healthy, happy, and safe!

I am writing in follow up to [redacted]'s conveyance to you regarding implementation of my Doctoral in Nursing Practice project here at [redacted] within Occupational Health – US territories.

I would like to provide further information pertaining to the highlights of my project and if you deem appropriate to schedule a meeting/call with you to discuss timelines and have you preview the actual content of the program prior to implementation.

My DNP Project is focused on the prevention of compassion fatigue and burnout among nurses through increased awareness and implementation of self-care modalities.

This is a four-session educational initiative with a pre and posttest for impact assessment. The sessions and content will use Jean Watson's Theory of Transpersonal Caring as the theoretical framework.

The goals of the program are for participant nurses to:

- Be able to identify signs and symptoms of compassion fatigue and burnout
- Be able to identify methods of preventing compassion fatigue and burnout
- Gain an understanding/deeper understanding of the value of self-care to personal nursing practice and well being
- Identify several areas to implement and/or improve self-care modalities
- Implement one self-care practice short term and another long term

The commitment for participants and the organization is:

- 30 minutes for completion of pre and posttests (approximately 15 minutes each)
- One hour per week for four weeks – to attend virtual program sessions
    - Total of up to 4 hours over the course of one month

The targeted participant population is 10-20 nurses currently working part-time or full-time. Participation will be voluntary and there is no cost associated with the program.

All participants will receive the instruction from the four sessions, a laminated Watson's Caritas card, and a lavender essential oil roller upon completion of the posttest.

I am passionate about self-care and its potential benefits; it would be an honor to share this initiative with my fellow [redacted] nursing colleagues.

I thank you in advance for your time and attention and hope to have the opportunity to discuss this further with you.

Wishing you a wonderful rest of your day and week!

Betty Sanisidro MSN, RN, COHN-S, APHN-BC

Appendix F

Good afternoon – I hope this email finds you and your loved ones healthy, happy, and safe!

As you may already know, I am nearing completion of my doctoral studies and will be implementing my scholarly project within the next few weeks.
I am currently in the process of enrolling participants and am reaching out to discern if you might have any interest.

For point of reference, please see further information below reflecting a few highlights.

My DNP Project is focused on the prevention of compassion fatigue and burnout among nurses through increased awareness and implementation of self-care modalities.
This is a four-session educational initiative with a pre and posttest for impact assessment. The sessions and content will use Jean Watson's Theory of Transpersonal Caring as the theoretical framework.

The goals of the program are for participant nurses to:

- Be able to identify signs and symptoms of compassion fatigue and burnout
- Be able to identify methods of preventing compassion fatigue and burnout
- Gain an understanding/deeper understanding of the value of self-care to personal nursing practice and well being
- Identify several areas to implement and/or improve self-care practices
- Implement one self-care practice short term and another long term

The sessions will be held via Teams on Tuesday evenings from 6 - 7p, commencing May [redacted].
Inclusion criteria encompasses nurses currently working part-time or full-time.
Participation is voluntary and there is no cost associated with the program.
Space is limited therefore participants will be included in order of RSVP.

If you are interested, kindly forward a personal email address so that I may send along the program invitation and program session calendar invites. **Of note** – all program invites and information will come from my personal email [redacted]

Additionally, if you know of any other nurses that may be interested in participating, please send along their information and I would be happy to reach out to them as well!

I am passionate about self-care and its benefits; it would be an honor to share this initiative with you!

I thank you in advance for your time and attention.

Wishing you a wonderful rest of your day and week!
Betty Sanisidro, MSN, RN, COHN-S, APHN-BC

Appendix G

"The Best Care Begins with Self-Care: An Educational Initiative for Nurses"

You are invited to participate in this program designed specifically for nurses during a time when we need it most.

We often forget or neglect to take care of ourselves without acknowledging the impact this has on the care we provide to our patients, our loved ones, and the long-term impact to our own health.

This program involves a one-hour session every Tuesday evening for four weeks. At the end of the four-week program participants will be able to:

- Identify signs, symptoms, and methods of preventing compassion fatigue and burnout.
- Understand and appreciate the value of self-care to their own nursing practice and overall well-being.
- Identify several areas to implement and/or improve self-care practices.
- Explore several self-care practices and choose one to implement immediately.

There is no cost to you and only benefit to gain! Your commitment is one hour per week for four weeks, completion of a pre and post survey, and an open mind. You must also have access to Microsoft Teams in order to participate.

Date: Tuesday evenings beginning May [redacted]
(May [redacted], [redacted], [redacted], and June [redacted])

Time: 6p – 7p

Place: Microsoft Teams via program invite

If you are interested in learning more about the program or in participating, please contact Betty Sanisidro, RN, MSN, COHN-S, APHN-BC, via email [redacted]

Appendix H

"The Best Care Begins with Self-Care: An Educational Initiative for Nurses"

Pre-Program Intake

The questions in this scale ask about your thoughts and feelings over the last 6 - 12 months. In each case, you are asked to indicate how often you have felt or thought that way. *Answers to this and all other surveys will be kept anonymous and are only for purposes of this scholarly project.*

Name (optional): _____ Date: _____ Age: _____

Gender (circle): M F Years in nursing practice: _____ Currently Working (circle): PT FT

0 = Never 1 = Infrequently 2 = Sometimes 3 = Often 4 = Always

	0	1	2	3	4
I prioritize the needs of others before my own needs.					
I feel as though there is seldom enough time to engage in my own self-care.					
I engage in self-care practices regularly.					
I feel "burned out".					
I have felt fatigued at least once per week during or after work.					
I have felt desensitized with patients, their conditions, and/or their stories.					
I have experienced sleep disturbances (either too much, too little, difficulty falling or staying asleep, and/or nightmares).					
I have felt that I have a short fuse and/or have been quick to anger with people.					
I have considered resigning, have changed jobs, and/or have sought out other jobs.					
I have experienced feelings of anxiety or increased anxiety related to work.					
I have had a cynical outlook on life and/or work or negative attitudes towards coworkers and/or job.					
I have experienced feelings of detachment, low mood, and/or lack of creativity.					
I have experienced difficulty concentrating.					
I have experienced physical symptoms of exhaustion, muscle tension, and/or gastrointestinal disorders unrelated to an underlying medical condition.					

Appendix I

"The Best Care Begins with Self-Care: An Educational Initiative for Nurses"

Post-Program Assessment

The questions in this scale ask about your thoughts and feelings after ***completion of the 4-week Self Care Program***. Answers to this and all other surveys will be kept anonymous and are only for purposes of this scholarly project.

Name (optional): _____ Date: _____

Age: _____ Gender (circle): M F Years in nursing practice: _____

0 = Never 1 = Infrequently 2 = Sometimes 3 = Often 4 = Always

	0	1	2	3	4
I prioritize the needs of others before my own needs.					
I feel as though there is seldom enough time to engage in my own self-care.					
I engage in self-care practices regularly.					
I feel "burned out".					
I feel fatigued at least once per week during or after work.					
I feel desensitized with patients, their conditions, and/or their stories.					
I experience sleep disturbances (either too much, too little, difficulty falling or staying asleep, and/or nightmares).					
I feel that I have a short fuse and/or am quick to anger with people.					
I have considered resigning, have changed jobs, and/or have sought out other jobs.					
I experience feelings of anxiety or increased anxiety.					
I have had a cynical outlook on life and/or work or negative attitudes towards coworkers and/or job.					
I have feelings of detachment, low mood, and/or lack of creativity.					
I have experienced difficulty concentrating.					
I have experienced physical symptoms of exhaustion, muscle tension, and/or gastrointestinal disorders unrelated to an underlying medical condition.					