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Compassion Fatigue in the Presence of Employee Engagement

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There are gaps in knowledge on the concepts of compassion fatigue, employee engagement, and the role of nursing administration in the recognition of compassion fatigue. The current process for the researcher's practicum site to determine the caring reality for the nursing staff is to issue an annual employee engagement survey. No screening tool for compassion fatigue is currently utilized. This raised questions about the existence of a relationship between the concepts of employee engagement, compassion fatigue, and the role nursing administration plays in the maintenance of a working environment that is also a positive caring reality for both the nurse and patient.

The nursing profession is synonymous with compassionate care delivery through the nurse-patient relationship. Compassion fatigue as a phenomenon degrades the nurse's ability to form and maintain caring relationships due to the repeated exposure to suffering patients. The problem facing nursing administration is that key drivers of organizational success are underpinned in patient safety and satisfaction, variables eroded by compassion fatigue. Patient complaints and organizational based stressors are determinates of care that impact the caring culture of a nursing unit.

This study focuses on screening for compassion fatigue by nursing administration to promote compassion fatigue awareness in their units in addition to the annual employee engagement survey. A cross-sectional survey was completed in March 2018 on a post-surgical acute care nursing unit. This study utilized a convenience, in-group sample in a non-experimental design methodology using the proQOL 5 as the survey tool. The proQOL 5 has been validated in the literature and was appropriate for the research design. Seventeen acute care nurses were participants that completed the survey tool for a 34% respondent rate. Results were determined by identifying raw scores of three subscales: compassion satisfaction, burn out, and secondary stress trauma. The subscale results were then compared to the past two years of employee engagement scores for the same unit.

The data findings indicated that higher employee engagement was related to lower compassion fatigue experienced by the acute care nurses. In other words, compassion satisfaction is related to high employee engagement. Through this research process, it is recommended that nursing administration screen for compassion fatigue in addition to employee engagement. Further research is needed in the instance of low employee engagement and scores from the proQOL 5 other than compassion satisfaction. These observations, data collected, and the research highlight the crucial strategic driver for this caring environment; the effective nurse leader. Along with growing the nursing knowledge base on compassion fatigue, compassion satisfaction and employee engagement, the nursing profession must provide education and developmental skills to today's nursing leaders to facilitate effective caring cultures at in the professional working environment.

Title:

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Abstract Summary:

A relationship exists between employee engagement and compassion fatigue. The screening for compassion fatigue in conjunction with employee engagement on acute care nursing units will provide nursing administration the necessary information to promote a caring culture that elicits best outcomes for nursing staff and their patients.

Content Outline:

Compassion Fatigue in the Presence of Employee Engagement: A Research Study

Introduction/Background

The researcher's practicum placement site, an acute care nursing unit, in Baltimore City, raised questions about the existence of a relationship between the concepts of employee engagement and compassion fatigue and the role nursing leadership plays in the screening of compassion fatigue. The researcher had previous interest in the concept of compassion fatigue and the practicum site has had two years of high employee engagement scores but no standard of screening for compassion fatigue. The high employee engagement scores for the practicum unit is a recent key achievement for the unit in the organization.

Although there were observations of patient complaints and organizational based stressors to effective nursing care that may impact the caring culture of the unit; it was observed that the nursing leadership of practicum site was very active in the professional lives of the nurses, providing education, social, and personal growth opportunities. The research question was developed from these determinants of effective compassionate patient care; does employee engagement surveys provide nursing administration the information needed to promote caring cultures on their units?

Through the practicum activities, the plan for the research study was developed. The sample of the study would be the nurses under the leadership of the practicum leader. A validated survey tool for the screening of compassion fatigue was given to the acute care nurses on a morning staff meeting. The employee engagement scores were given to researcher by the practicum leader. The thirteen questions and mean scores were compared to the compassion fatigue questions and scores of the survey tool. The data showed the most positive results obtainable for compassion satisfaction and high employee engagement scores for the acute care unit. This allowed the researcher to state a relationship between high employee engagement and compassion satisfaction and that employee engagement surveys are adequate screenings for compassion fatigue in units with high employee engagement. Through this research process, it is recommended that further research is needed to fully explore these concepts of employee engagement, compassion fatigue, and screening tools used by nursing leadership. These topics are of strategic concern to nursing leadership since they are essential to provide a caring, safe, holistic work environments for acute care nurses. The scholar writing that follows is the research and findings of this practicum assignment.

Compassion Fatigue Impact

Nurses represent over 2.7 million healthcare workers in the United States (The Truth About Nursing, n.d.). Per the study of Hooper et al. (2010) over 80% of all acute care nurses endorse high levels of compassion fatigue. Compassion fatigue (CF) in nursing is a self-protective measure resulted from repeated nurse patient interactions requiring caring and empathy to another's suffering (Dobrowolska & Palese, 2012). Compassion fatigue can lead to physical and emotional, and work related problems that affect patient outcomes; including patient safety and patient satisfaction (Sorenson, Bolick, Wright, & Hamilton, 2016).

The problem of compassion fatigue can be seen in three distinct areas. Compassion fatigue affects the nurse in spirit, body, and mind (Coetzee & Klooper, 2010). Ultimately, compassion fatigue reduces work place satisfaction and promotes disengagement from the organization (Li, Early, Mahrer, Klaristenfeld, & Gold, 2014). On the organization level, CF affects employee staffing in regards to retention, absenteeism, and nursing care patients receive daily (Li et al., 2014). Lastly, the nursing profession is effected by CF by the loss of members, increasing average age of member, and a distorted patient perception of compassionate care (Li et al., 2014).

Dilemmas faced by the nursing profession is that CF lacks clear concept determination and the scope and breadth of CF on the nursing profession and the patient population is also, undetermined (Flarity et al., 2013). The ontological consequences of CF if left unchecked can hinder the compassionate actualization of the nurse and the profession (Edlund, Lindwall, & Lindstrom, 2010). In regards to the praxis of the profession, the consequences of CF can lead to patient safety errors, reduced productivity, poor retention and recruitment, and a decrease in patient satisfaction (Lindberg et al., 2012).

Problem Statement

Although multiple quantitative studies have been completed bringing compassion fatigue out of the shadows; this knowledge only provides information to lessen the risk of CF (Hunsaker et al., 2015). There are interventions that have been empirically tested to lessen the risk of compassion fatigue; however, there is no intervention to identify exposure to compassion fatigue routinely in use (Dobrowolska & Palese, 2016; Gustin & Wagner, 2013). Compassion fatigue threatens the patient care experience in acute care settings (Hooper et al., 2010). The problem this study explores is what screening variant provides a comprehensive assessment of acute care nursing staff's status of exposure to compassion fatigue; employee engagement surveys or a specialized screening tool? The research question posed is does the current standard of the use of employee engagement surveys provide nursing administration the needed insight to maintain the caring culture of their practice environments? Increased knowledge pertaining to this specialized screening variant could promote higher job satisfaction, higher retention rates and improved patient outcomes related to patient safety and patient satisfaction (Lindberg et al., 2012).

Introduction to Literature Review

Historically, caring for others is the attempt to alleviate suffering by showing others compassion. Eriksson (2010) states through her meta theory, based on caring science, that compassion is caring, and without compassion, caring is not realized. The nurse-patient relationship is essential for delivery of nursing care (Watson, 2014). This is the medium where the nurse provides care, education, advocates and honors the requirement of presence. Nursing theorists like Watson and Eriksson agree that the nurse patient relationship founded in compassion is what truly defines the nursing profession (Eriksson, 2010; Watson, 2014). However, in the healthcare arena today, elements exist that limit a nurse's ability to provide compassionate care. Nurses must meet these ongoing challenges daily with every patient encounter in a technological and economically driven paradigm (Watson, 2014). When these challenge elements combine, a situation may arise where the nurse might experience compassion fatigue (Flarity, Gentry, & Mesnikoff, 2013)

Compassion fatigue is a term used in the healthcare arena to describe a state of self-protection from repeated episodes of caring for suffering patients (Dobrowolska & Palese, 2016). The term has been in the literature for almost twenty years; yet, not defined within nursing practice (Coetzee & Klooper, 2010). This threatens the nurse's identity and profession, especially in the specialty of acute care nursing. As these past two decades go forth with no growth in knowledge for this phenomenon, this means a lack of clarity in the identification and prevention of compassion fatigue (Coetzee & Klooper, 2010). This negative outcome of caring degrades the nurse-patient relationship which is essential to caring, and by extension, nursing. The purpose of this scholarly literature review is to synthesize current studies that build the case for the research question: does the current standard of the use of employee engagement surveys provide nursing administration the needed insight to maintain the caring culture of their practice environments?

Literature Review

Utilizing the Cumulative Index to Nursing and Allied Health (CINAHL), a literature search spanning the years of 2010-2017 was performed. The search parameters were set to exclude literature published earlier than 2010 to find the most current definitions of important terms and applications in nursing science. Search terms included nursing, caring science, compassion fatigue, employee engagement, leadership, suffering, and acute care nursing. These terms were searched in combination and separately. These terms were selected because of their close concept relationships and to broaden the search of the concept of employee engagement and its effect on compassion fatigue in acute care nursing practice. After the primary search was completed, a secondary search for additional scholarly publications to augment the data to be synthesized was included in the literature review.

Caring Science

Per Eriksson (2010), the caring science perspective in the discipline of nursing shifts the nurses' focus to the suffering of the patient. In furthering the application of caring science into nursing, Lindberg, Persson, and Bondas (2014) used Eriksson's caring science perspective as a framework to investigate the integration of caring science into practice; utilizing a hermeneutical approach to perform analysis of focus group interviews. This qualitative study brought forth findings that coincide with Eriksson's ideology; the premise of the patient as the center of the relationship and maintenance of the patient perspective critical in achieving optimal outcomes (Lindberg et al., 2014). The objective to cultivate knowledge on how nurse leaders perceive the integration of caring science into their practice was met with the purposive sample of nine nurse leaders (Lindberg et al., 2014). Conversely, the qualitative study of Dobrowolska and Palese (2012), finds caring concepts evolved through themes that were nurse centric, caring preserved humanity, caring as an ontology of time, and caring as a relational presence. This is a significant difference in the viewpoint of caring. However, both works suggest that caring is the basis for humanity and caring is an ontological concept, not a skill, or task to be learned but an innate quality (Dobrowolska and Palese, 2012; Lindberg et al., 2014). Finally, the pilot study of Mason et al (2015) highlights the finding that caring for the caregiver should be vital element of the nursing profession, especially in the light of the nursing shortage being experienced globally.

Ethical Foundations of Care

Caring and its many forms and institutions has emerged historically for the relief of human suffering (Eriksson, 2010). In addition to the caring science perspective imparting in an ethical sense of duty to the relationship formed in suffering, the theme of sacrifice on both parties can be understood as a springboard for personal transformation and growth (Helin and Linstrom, 2003). The ontological and contextual determination study of Edlund, Lindwall, and Linstrom goes into further exploration of ethical concept of dignity (2013). The findings of this qualitative study using a concept determination model, illustrate that the concept of dignity is relative to human beings and is both absolute and relative (Edlund et al., 2013). The findings also suggest that dignity pertains to the whole human; mind, body and spirit. Further still, dignity is the root of humanity (Edlund et al., 2013). Edlund et al. (2013) suggest that the value of dignity is needed for the caregiver to anticipate needs.

Caring Praxis

Caring science and nursing education lack the link in communication that is needed ontologically in practice (Hilli & Levy-Malmberg, 2014). Rolfe (2015) states that traditional nursing education is not adequate in preparing nurse graduates for the complex healthcare field, like acute care nursing. The study of Lindberg et al. (2012) continued to explore the gap in what nursing students are taught in theory and exposed to in the clinical setting. The findings suggest with appropriate support, nursing students could integrate different bodies of knowledge into their preferred professional practice (Lindberg et al., 2012). Further still, the study *Caring as Emancipatory Nursing Praxis* authored by Ray and Turkel explored the dichotomy of caring and the struggle to meet social, economic and administrative challenges

(Ray & Turkel, 2014). The data suggests that acute care nurses feel the limitations on the caring practice, thus diminishing the caring culture (Ray & Turkel, 2014). Their study suggests the current methodology nurses employ to combat this dichotomy is to take small steps to change a culture that values economic return (Ray & Turkel, 2014). These small steps promote interpersonal relationships between all members of the healthcare team (Ray & Turkel, 2014). Furthermore, Mason et al. (2014) suggest that nursing administration's role is to provide the space and time needed for acute care nurses to discuss and share feelings in many different social settings. This continued debriefing allows diffusing of stress from exposure to suffering.

In contrast, the study of Gustin and Wagner (2012) explored compassion in a clinical nursing setting. The main findings of a shared humanity agree with and Edlund et al.'s results. However, this study highlights the "butterfly effect". This concept metaphor is used to describe the negative outcomes of caring (Gustin & Wagner, 2012). The care giver must be able to care for oneself and deal with one's own experiences in caring environments (Gustin & Wagner, 2012). Edlund et al.'s study suggests that compassion fatigue limits nurses' ability to engage with patients and it would be proactive strategy for nurse leaders to continue supporting nursing staff's development of their personal ontology of compassion.

Development of Compassionate Self

Sandvik, Eriksson, and Hilli (2015) takes the concept of development of nursing characteristics and focuses on a longitudinal study to determine if a caring pedagogy prepares nurses to become a nurse, rather than just being a nurse. This qualitative study using Eriksson's theoretical framework of caring science highlighted the need to put responsibility on the nurse to learn epistemologically and ontologically over time (Sandvik et al., 2015). The process of becoming a nurse happens over time, not just the episodic learning of tasks (Sandvik et al., 2015). This change in focus of traditional nursing education provides an avenue for personal growth and development, changing the nurse into a compassionate nurse (Sandvik et al., 2015).

Lindberg et al. (2012) also concluded that since the universities and hospitals are not aligned to provide a caring culture simultaneously, it is the responsibility, even ethical requirement of the nurse to develop and imbue caring science into practice. However, Lindberg et al. (2012) state that this may impede the growth of caring science in practice and the classroom, because no group has yet to claim responsibility. The single acute care nurse is taking the professional obligation upon themselves to integrate a caring science perspective into their own practice (Lindberg et al., 2012). Li et al. (2014) agrees with Lindberg et al. that organizational commitment has the potential to promote positive outcomes; however, group cohesion factors proved to be more beneficial in preventing compassion fatigue, again placing responsibility of caring on the nurse and nurse leaders.

The relationship of compassion fatigue and social interaction opportunities was explored by Burston and Stichler. Burston and Stichler's (2010) correlation study of 126 nurses wanted to highlight the significance of social interaction to combat compassion fatigue. Their hypothesis was that social interaction will help renew the nurse's compassionate self (Burston & Stichler, 2010). Their data reinforced the hypothesis that caring is related to social interaction (Burston & Stichler, 2010). These findings are similar to Gustin and Wagner (2012), lack of self-care of the compassionate nurse is viewed as a risk factor of development of compassion fatigue in practice (Burston & Stichler, 2010).

The study of Lindberg et al. (2012) found that the hospitals and universities that were part of their study placed the responsibility of promoting caring science in practice through research and education on the other party. This resulted in lack of professional development and clearly defined roles for a caring environment for patients (Lindberg et al., 2012). Futherstill, Flarity, Gentry, and Mesnikoff (2013), in the first intervention study for compassion fatigue, using a pre/posttest study design, surveyed seventy-three nurses looking for the significance of a supportive educational program. In this study, 60% of nurses reported some degree of compassion fatigue in the past month (Flarity et al., 2013). The results suggest that a supportive educational program can treat and prevent compassion fatigue due to the recorded 10% improvement on compassion fatigue scores posttest (Flarity et al., 2013). This finding implicates that

educational programs on compassion fatigue help identify and help manage symptoms (Flarity et al., 2013).

Compassion Fatigue

Flarity et al. suggest that the crux of compassion fatigue is that the phenomenon is often unseen, but its implications reach into the very core of nursing and caring ethics (Flarity et al., 2013). Compassion fatigue in nursing practice has the potential to diminish the identity of the nurse and the profession, as well as prolong the suffering of the patient through the loss of the nurse patient relationship (Flarity et al., 2013).

In the concept analysis study for compassion fatigue within nursing practice by Coetzee and Klopper (2010) aims for establishment of a theory of compassion fatigue in nursing is proposed. The primary study by Kelly, Runge, and Spencer (2015) for predictors of compassion fatigue and compassion satisfaction in acute nurses agree with the lack of definite concept analysis for the term of compassion fatigue used in the acute care setting.

Hunsaker, Chen, Maughan, and Heaston (2015) performed a cross sectional non-experimental predictive study using the ProQol 5 tool. This study's finding suggests that educational backgrounds, levels of education nurses have obtained, have no significance in the determination of the development of compassion fatigue (Hunsaker et al., 2015). Further still, about 69.5 % of the nurses has low to moderate compassion fatigue (Hunsaker et al, 2015). Though age is suggested to not be a contributor to the risk of compassion fatigue, newer nurses are at more risk for development of compassion fatigue without administrative support (Hunsaker et al, 2015). The professional liability of compassion fatigue affects the compassionate nurse image, nurse retention, patient safety and satisfaction which are strategic functions of nursing leadership and healthcare administration (Hunsaker et al., 2015).

Acute Care Practice

Repeated exposure to caring in an acute care setting increases the risk of compassion fatigue experienced in acute care nursing practice (Hooper et al., 2010, Li et al., 2014). Hooper et al. (2010) exploratory study using a cross sectional, point in time survey, determined the acute care settings were units that had elevated levels of compassion fatigue. In fact, per Hooper et al. (2010), 86% of all emergency room nurses reported high level of compassion fatigue. However, Hegney et al. (2013) interested in researching anxiety and stress as risk predictors for the development of compassion fatigue in acute care nurses in Australia found that 20% of acute care nurses report compassion fatigue: of this percentage, 7.6% indicate a very distressed risk profile. These results are of key importance to nurse leaders (Hegney et al., 2013). As Lindberg et al. (2012) concluded in their study, clear roles are lacking in the facilitation of caring environments that support and motivate compassionate nurses.

Integration of Caring Science into Practice

Sandvik, Eriksson, and Hilli (2015) further explored Lindberg et al. (2012) study aim of exploring the underpinning of caring science in nursing praxis. Lindberg et al. (2012) data suggests that though patient safety and satisfaction are variables that are dependent on the effectiveness of the compassionate nurse: universities and health care institutions lack the lines of communication necessary to effectively promote a true caring culture that transcends the classroom and the hospital floor.

Sandvik et al. (2015) phenomenological hermeneutic design study of focus group interviews isolated the theme of becoming a compassionate nurse. Sandvik et al. (2015) states that the hermeneutic spiral deepens understanding of concepts and themes related to caring science education, in so much, the nurse takes on the knowledge and imbues them into their character. This incorporation of knowledge and skills is essentially becoming a nurse, who is ready to provide ethically compassionate care (Sandvik et al., 2015).

Employee Engagement

Mauno et al. (2015) through the study of emotional labor and work engagement define employee engagement as occupational wellbeing that includes a positive energy, resilience and a willingness to invest oneself into activities that promote pride and inspiration. Mason et al. (2014) pilot study finds that employee engagement is an indicator of a caring culture supported by compassion satisfaction. Mason et al. (2014) definition of employee engagement is the balance between compassion satisfaction and compassion fatigue and further highlights the role of nurse administrators to provide the supportive leadership. The leadership variant was also described in Salanova, Lorente, Chambel & Martinez (2011) study focusing on transformational leadership and the linkage on improved outcomes of work engagement.

Mason et al. (2014) study indicates the congruent nature between compassion satisfaction and high employee engagement scores. Elevated employee engagement scores correlate with exhibited positive behaviors of staff, improved employee performance. Furthermore, Mason et al. (2014) delineates employee engagement from job satisfaction and organizational commitment and describes the duality of employee engagement. The first side is that of external resources, which mainly stem from administrative support. The second comes from the employee internally, which pertain to personal growth and self-concept. In relation to the self-concept,

Salanova et al. (2011) states there is a direct relationship between leadership and employee engagement. The nurse administrator or leader needs to be able to bring forth self-efficacy in their staff to promote staff retention, staff efficiency, job performance and patient satisfaction outcomes. This study expands upon nurse socializing and states that a transformational nurse leader can lead to higher employee engagement and recommends that leadership programs be put into place to develop such nursing leaders.

Gaps and Limitations

It is apparent more research is needed on the phenomenon of compassion fatigue. Compassion fatigue taxonomy is still unclear (Flarity et al., 2013). Once compassion fatigue is clearly defined, it can be recognized and preventative strategies can be empirically established. Increased knowledge in this area of nursing knowledge could promote job satisfaction, higher retention rates, improved patient outcomes in safety and satisfaction (Flarity et al., 2013).

Although there is literature to date on employee engagement, there is a gap in knowledge on the linkage of compassion fatigue, compassion satisfaction and employee engagement in the United States. Limited studies were found with the themes of employee engagement and caring science and compassion fatigue and clear role definition for nursing administration. A gap does exist in the literature to date in regards to the outcomes of standardized screening tool for compassion fatigue in nursing practice. Further research is needed to bridge these concepts together for the growth of the profession.

Limitations exist in research regarding preventative measures employed by nursing administration to prevent compassion fatigue affecting practice (Kelly et al., 2015). Past research is focused on risk factors, not preventative modalities (Flarity et al., 2013). A gap exists in the role of organizational commitment to the promoting of a caring culture and the support of the acute care nurse in the prevention of compassion fatigue (Li et al., 2014; Lindberg et al., 2012).

Literature Review Conclusion

Through this analysis of the literature it is suggested that transformational nursing leadership provide the acute care nurse support to mitigate compassion fatigue. This could prevent the breakdown of the nurse-patient relationship, improve patient outcomes, safety and satisfaction which all these elements are of key importance to nursing leadership and administration. The literature suggests that educational programs

help acute care nurses identify the symptoms of compassion fatigue and seek support when available. Clearly defined roles in education and practice arenas do not exist and are needed to promote caring cultures effectively (Dobrowolska & Palese, 2016).

It has been proven through the literature that different bodies of knowledge can be integrated to produce a professionally compassionate nurse. The discipline of caring science is thought to add the resiliency needed to overcome the challenges of acute care nursing. However, compassion is an ontological concept that takes time to be developed in nursing staff (Sandvik et al., 2015). The literature suggests without administrative support, the risk of compassion fatigue experienced by the acute care nurse is greatly increased (Kelly et al., 2015). The nursing profession is poised to protect and honor the nurse-patient relationship by researching the concepts of employee engagement and compassion fatigue in the specialty of nursing administration.

Definition of Key Terms

Many of the terms used in this study have various or undefined definitions in the literature; therefore, it is key that the operational definitions for this study be explored for the concepts that are fundamental to the study. Compassion defined as a concept can be the desire to abate suffering with love and charity (Eriksson, 2010). Compassion defined in the operational context for this study, is the basis for clinical care and establishment of the nurse-patient relationship (Watson, 2014). The concept definition of compassion fatigue is the development of protective measures one employ's after repeated exposure to the suffering of another. Per Stamm (2010), the operational definition of compassion fatigue is the combination of two factors, burnout and secondary traumatic stress. Burnout is a term used to describe exhaustion, frustration, and anger (Stamm, 2010). The second factor, secondary traumatic stress (STS), is the negative emotional contagion involving fear and work related trauma both indirect and direct (Stamm, 2010). These two subcategories combined results in the operational definition of compassion fatigue used for the study purposes (Stamm, 2010). The Professional Quality of Life tool measures these three subscales on a Likert response scale, these measurements are providing key raw data for the development of the statistical analysis of the sample data set (Stamm, 2010). Although compassion fatigue can be experienced in any setting where exposure to suffering occurs, this study's primary focus is in the acute care nursing setting. The dependent variable for the proposed study is compassion fatigue experienced in acute care nursing.

Research Design

The methodology implemented for this study is a cross-sectional, nonexperimental, descriptive design. The design will implement a between group sample situation, point in time survey, during the morning meeting of March 27, 2018. This was completed at practicum site. The design is nonexperimental due to lack of control group and lack of randomization of the sample. This methodology's outcome is descriptive in nature. It is hypothesized by the researcher that a negative inverse relationship exists between the variables of compassion fatigue in acute care nursing and employee engagement scores of the same unit. This means with the existence of a high employee engagement on the acute care nursing unit, compassion satisfaction is increased. It is important to note, that this study design will not allow researcher to state causality; however, determination of a relationship can be identified. The analysis of data will give insight in the strength of the relationship.

Sample Recruitment

A purposive convenience sample of all forty-nine full time and part time registered nurses working in designated acute care environments will be selected to provide data for the study. This sample is representative to the total population of acute care nurses. The variability of age and tenure characteristics of sample population correlates with total population variance of age and tenure. This tenet of the target population limits the homogeneous characteristic of the population. This is done in the hope to make the outcomes of the study generalizable from the sample population to the accessible

population. This element of nonprobability sampling has a greater chance of experiencing sampling bias. The role of the researcher is to limit this concept. All attempts will be made by the researcher to eliminate attrition, response bias, and Hawthorne effect bias by promoting cooperation, and allowing for voluntary participation.

Inclusion Criteria

Inclusion criteria for the study primarily depends on current employment on the acute care unit. Inclusion criteria also pertained to returning a complete and unidentified survey packet.

Exclusion Criteria

Exclusion criteria mainly will pertain to incomplete surveys. A low response rate has the potential to skew data analysis. Power analysis calculation performed by primary researcher determines that to have a study with a power 80%, and medium effect size of 30%, the study would need a total of 90 participants. This is determined using a two-sided 0.05 significance level (Polit and Beck, 2017). This proposed power analysis is a given if the dependent variable has a 0.300 standard deviations per one standard deviation change in the independent variable. For the validity of the study results, medium effects or larger were considered and therefore reported along with p value (Polit and Beck, 2017). P value was set at 0.05 for statistical significance.

Survey Tool

The Professional Quality of Life Tool (proQOL5) takes a dichotomous perspective when considering the aspects of caring (Stamm, 2010). Compassion satisfaction as the positive outlook, and compassion fatigue as the negative aspect (Stamm, 2010). However, compassion fatigue is broken down further into aspects of burnout and secondary trauma (Stamm, 2010). This further dissection of the characteristically negative aspects facilitates the formation of a theoretical pathway to form the scale and provide empirical evidence to substantiate validity (Stamm, 2010).

The Professional Quality of Life Scale, otherwise known and identified in literature as ProQOL5, is the most widely used measure for the determination of compassion fatigue (Stamm, 2010). The tool is a thirty-question survey using a Likert scale for responses (Stamm, 2010). Originally, the ProQOL5 was named the Compassion Fatigue Self-Test developed by Stamm and Figley (Stamm, 2010). By 1993, Stamm added the compassion satisfaction component and the name changed to Compassion Satisfaction and Fatigue test (Stamm, 2010). Several versions later, the ProQOL5 by Stamm has been cited in over 200 published papers, establishing good construct validity (Stamm, 2010). The tool contains three scales that measure three distinct phenomena; compassion satisfaction, burnout and secondary traumatic stress (STS) (Stamm, 2010). There is a shared variance of 34% between the scales of burnout and secondary stress and STS scale includes fear as a measured phenomenon (Stamm, 2010).

The method to interpret data is to first convert the data into a Z-scores (Stamm, 2010). The first step is to reverse items 1,4,15,17, and 29 (Stamm, 2010). The second step is to calculate items for each subscale, compassion satisfaction, burnout and secondary traumatic stress (Stamm, 2010). The final step is to convert z scores into t-scores with the raw score mean of 0 and the raw standard deviation equal to ten (Stamm, 2010). The ProQOL5 is not to be used as a diagnostic test and there is no diagnosis in the International Statistical Classification of Diseases and Related Health Problems 10th Revision or in the Diagnostic and Statistical Manual of Mental Disorders (Stamm, 2010). ProQOL5 is meant to be a guide for leaders and educators for evaluation of working environments that promotes compassion satisfaction (Stamm, 2010).

Employee Engagement Data

The practicum site utilizes employee engagement surveys that are institutionally based. These annual surveys provide the institution information on thirteen categories of work life, with a perfect mean score of 5.0. The practicum site manager has provided the last two years of data for the research study.

Descriptive Statistics

Per the recommendation by Stamm (2010), the descriptive statistics of the study were developed using the protocols outlined in the Precise Manual. The primary methodology for data analysis is for the raw data to be analyzed by investigator. Univariate descriptive statistics defined as the mean, median, mode are to be processed for each subscale (Polit & Beck, 2017). Continuous data protection and patient privacy will be maintained throughout the data analysis using secured email with password protection, and files to be held in primary researcher's desk are to be locked.

Integrity of Design

The paradigm of positivism is fundamental to the growth and advancement of the nursing profession's body of knowledge. Positivism, based on objectivity and rational thought, focuses on describing the phenomena in question without bias (Polit & Beck, 2017). The positivist approach to research is firmly systematic, rigorous, reproducible, and repeatable (Polit & Beck, 2017). These characteristics along with a deductive approach to the testing the hypothesis was used for the proposed research study. The aim of the researcher is to conduct a study that is valid statistically and has components of internal, external, and construct validity.

Standard Error and Sample Size

For this study, the first threat to external validity, that the researcher must address is the representativeness of population to the sample. The research design calls for a convenience sample of acute care nurses from practicum site. The researcher understands that the concept of convenience sampling has the potential to be unrepresentative of the existing population; thus, undermining the study's inference that compassion fatigue can be present in the presence of employee engagement on acute care nursing units, and that screening for employee engagement may not be fully specialized to identify compassion fatigue.

The researcher understands that the size of the sample is key for the validity of the results. The Central Limit theorem states that if a sample is large enough, at least thirty members, the sampling distributions will have the same basic shape, when graphed (Bruce et al., 2008). This is called a normal distribution (Bruce et al., 2008). As the population increases in numbers the sampling distributions become more relative to the population mean (Bruce et al., 2008). In sum, if the sample size is larger than 30 members, the sampling distribution of the sample mean is assumed to have a normal distribution, no matter the shape of the population distribution (Bruce et al., 2008). The normal distribution leads the researcher to confirm the confidence interval (CI) (Bruce et al., 2008). The CI, for a mean, allows the researcher to state that there is a 95% chance that the CI includes the population mean, however there is a 5% it does not (Bruce et al., 2008). The CI is key in determining sample size with precision (Bruce et al., 2008). The researcher understands that a population's standard deviation must be used from previous literature to calculate the sample size (Bruce et al., 2008). The researcher used these guidelines when determining an effective sample size for the study.

Ethical Considerations

The ethical considerations for the proposed study is of upmost concern to the researcher. The researcher has completed training by the CITI Human Subjects in Research curriculum. The primary researcher gained approval by Notre Dame of Maryland University's Institutional Review Board. The researcher understands these applications ensure participant protection throughout the research design implementation by following proposed guidelines directed by the Institutional Review Board.

Participant Risk

The researcher declares minimal risk to the participants or sample population. The minimal risk taxonomy declares no intentional disclosure of protected private data, physical, or psychological harm to participants. The vulnerable populations of interest are nurses that are by nature both caregivers and employees. The researcher took precautions to protect participants' autonomy by informing sample that their participation is voluntary and the researcher has no professional affiliation with practicum site. The researcher informed participants that the researcher is enrolled in the graduate program at Notre Dame of Maryland University. The research design also included the protection of the identity of the participants. No sample survey will be processed if any identifying information was noted on response sheets. This will also be indicated on informed consent. If identification markers are received by the researcher, the response sheets will be destroyed and not included in data analysis.

The researcher understands that the questions on the proQOI 5 may cause some discomfort or pain for individuals exposed to compassion fatigue. The researcher will not attempt to provide psychological treatment or diagnosis, but will refer to appropriate health care providers if situation arises. The researcher will provide contact information as part of the informed consent if questions should arise during the study process for participants.

Permissions Required for Successful Proposal

Throughout the research process, the researcher will obtain permission to use materials and tools to effectively pursue the outcome of the proposed study; the permissions include

- Informed consent for participants of study.
- ProQOL5 tool permission (Stamm, 2010).

Post Measure Results

The research design goal is to have data that validates the research question: does the current standard of the use of employee engagement surveys provide nursing administration the needed insight to maintain the caring culture of their practice environments? The hypothesis stated by the researcher is that there is an inverse relationship between compassion fatigue and employee engagement scores on the unit. Each phase of the research design is implemented to provide significant results for this proposed outcome. The data analysis is vital to the interpretation of the results. The researcher is aware that the statistics chosen to promote the validity of the relationship between the variables, does not indicate causality. That means if the data supports this concept, the researcher can say that a relationship exists between the variables of compassion fatigue and employee engagement on acute care nursing units

Data analysis of the participant surveys prove compassion satisfaction is a lived experience on the unit. The study data included all seventeen completed survivors ($n=17$). The means of the three subscales for all participants were calculated. Compassion satisfaction subscale data reviewed and calculated for mean of 38; using the Concise Manual, this is an average score for compassion satisfaction. Burnout subscale mean score calculated in same fashion. The Burnout subscale mean calculated at 21. Secondary stress trauma subscale mean also calculated at a mean of 21. These mean scores are on the low and moderate classifications. These scores individually and average mean correlate with the most positive scoring using the ProQOL5 concise manual.

The data analysis of the ProQOL5 and the employee engagement scores of the last year indicate that high employee engagement has a relationship with compassion satisfaction. This data supports the hypothesis that there is a relationship between high employee engagement and compassion satisfaction and compassion fatigue and low employee engagement. Furthermore, the observations made by researcher of practicum site indicate the effectiveness of the leadership style of the nurse manager.

Transformational leadership is a key component to promote caring work environments on acute care nursing units.

Implications of Study Proposal

The implications of this study reach into many aspects of the nursing profession. This study is poised to further the knowledge of the concepts of compassion fatigue and employee engagement, including the screening variants of each phenomenon. The study is the first step in linking these concepts empirically in research.

Furthermore, the implications of the study also impact the field of nursing administration. Compassion fatigue effects many aspects of the daily work environment for the nurse and the organization, and the care experience of the patient (Burston & Stichler, 2010). Nursing administration has two key functions that compassion fatigue negatively impacts. The first function is safe, effective, compassionate care from the patient. Compassion fatigue hinders the nurse's ability to provide this service. The second function, administration is required to do is promote a safe, effective work environment for the nurse. Compassion fatigue destroys this environment, as well, by promoting low morale, call offs, low retention, and poor cooperation between team members (Burston & Stichler, 2010). The proposed study also brings awareness to the impact compassion fatigue has on the nurse, patient, and organization (Li et al., 2013). Effective nursing administrators need to keep updated on current methodologies that screen, prevent and mitigate compassion fatigue, how to implement these methodologies into practice, and how to evaluate the effectiveness of the implemented methodology (Li et al., 2013). This study starts the process in furthering the literature in screening strategies for compassion fatigue using employee engagement surveys. The results of this study can be disseminated through nursing conferences and leadership conferences for nursing administrators and leaders in nursing education.

Conclusion

Optimal nursing care is provided through the nurse-patient relationship (Watson, 2014). The phenomenon of compassion fatigue prevents the nurse from entering a caring relationship with the patient, which impacts patient outcomes in safety and satisfaction; concepts of great importance to nurse administrators and nurse educators. The outcome of this study highlights the synergistic effective of nursing administration on employee engagement and compassion satisfaction in acute care nursing. Screening for compassion fatigue can be effectively done with employee engagement surveys when compassion satisfaction and high employee engagement is present in the caring culture of the unit. However, more research on screening needs to be done in order capture compassion fatigue on units with less than high employee engagement and with larger study populations. A limitation to this study is the low participant rate.

The researcher wants to highlight the positive work life contributions that was observed in the acute care unit of the practicum site. The opportunities for compassionate self-growth through unit based committees, hospital-based groups, and learning courses were clearly advertised and participants were highly engaged. The nurses of the units were observed to be highly engaged with their patients, anticipating wants and needs, demonstrated a high level of ontological growth. These observations, data collected, and the research highlight the crucial strategic driver for this caring environment; the effective nurse leader. Along with growing the nursing knowledge base on compassion fatigue, compassion satisfaction and employee engagement, the nursing profession must provide education and developmental skills to today's nursing leaders to facilitate effective caring cultures at in the professional working environment.

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Author Summary: During Carrie Roberts' graduate academic journey in nursing leadership, a passion was discovered for the discipline of caring science and the possibility to transform nursing leadership by integrating principles of caring science into the traditional paradigm of nursing.