

**COMBATING COMPASSION FATIGUE AND BURNOUT
THROUGH WELLNESS ACTIVITIES**

by

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Abstract

Health care workers have one of the most demanding professions. They are expected to work long hours while demonstrating compassion and care for the patients that they serve (Greshon, 2014). These expectations create additional stressors, and if these stressors are ignored, they can exasperate, causing physical and emotional harm for the nurses and patients. The nurses working at the Satellite Campus have experienced many of these stressors and they are exhibiting symptoms of compassion fatigue and burnout. The symptoms of burnout & compassion fatigue affect the nurse's ability focus and care for the patients. The organization offers activities to help decrease the level of compassion fatigue and burnout; however, the activities are only offered at the Main Campus, which is an hour away from the Satellite Campus. In an effort to meet the needs of the employees working at the satellite campus, the Holistic Wellness quality improvement project will provide education and training to help decrease the symptoms of compassion fatigue and burnout and ultimately improve compassion satisfaction for the nurses working at the Satellite Campus. The project design is an analytical, observational, fixed, cohort project. The theoretical model supporting the project is Jean Watson's Theory of Human Caring. The literature review identifies the growing demands on nurses and supports a variety of wellness activities for combating compassion fatigue and burnout. The Holistic Wellness Project provided the education and activities to help decrease the nurses stress levels and improve their ability to care for their patients and themselves.

Combating Compassion Fatigue and Burnout through Wellness Activities

Background

The occurrence of burnout, and compassion fatigue are a common in today's health care industry. The potential losses for the organization are extensive and may include employee turnover, extended sick leaves, and increased incidence of work related injuries. The hospital environment further impacts these issues with the need to provide 24-hour coverage for the patients. The stressors of the hospital include long work hours, high patient acuity, and challenging work environments. All of these challenges have a negative financial impact on the organization; they influence job satisfaction, employee engagement, patient safety, and patient satisfaction. Because of these influences, it is imperative that the issues contributing to burnout and compassion fatigue be addressed.

The influences of compassion fatigue and burnout have a direct effect on employee performance, patient satisfaction, and overall wellness. Gallegar (2013) describes compassion fatigue as secondary trauma, which results from stressful relationships between the clinician and the patient. It is also described as parallel post-traumatic stress disorder and it affects the nurse's ability to care for the patient. If the symptoms of compassion fatigue are not recognized and dealt with appropriately, they will further impact the nurses' personal and professional life, possibly leading to symptoms of burnout. Burnout is identified by symptoms of emotional exhaustion, depersonalization, and reduced personal accomplishment.

According to Maslach 1996, in 1974, Freudenberger, developed the term "burnout" to describe the workers response to chronic-stress, such as that experienced in the nursing profession. Maslach, described burnout as being multifaceted, encompassing three dimensions:

emotional exhaustion, depersonalization, and reduced personal accomplishment. The demands of the hospital environment impact the nurse's with the need to provide 24-hour care for the patients. Nurses often work 12-hour shifts and can feel emotional exhausted, they are depleted, overextended, and fatigue and susceptible to suffering the symptoms of burnout. According to Phiri, et al. (2014), this type of work environment may lead to disruptive sleep patterns, and can influence the potential for mental and physical exhaustion, increasing the risk for compassion fatigue and burnout. The 24-hour shift coverage creates abnormal sleep patterns, which influence the nurses' susceptibility to non-communicable diseases such as high blood pressure, obesity, and diabetes (Phiri, 2014). If these stressors are ignored they can lead to physical and emotional symptoms which can influence the nurses' ability to focus, resulting in medical errors, absenteeism, and job burnout. All of these challenges have a negative impact on the organization; they impact employee engagement, patient safety, patient satisfaction, influence financial stability, and threaten the success of the organization. Because of these influences, it is imperative to create awareness and support a system that provides healthy opportunities for decreasing stress.

Roberts, Grubb, & Grosch, (2012) state that nursing is one of the most rewarding professions; however, it is also considered one of the most stressful professions. The needs of the patients and the expectations of the employers are contributing to the growing stressors of the job. These stressors contribute to an increase in burnout and compassion fatigue for many nurses. According to Roberts, et al. (2012), nurses seem to be overexposed to a range of psychosocial stressors, including the following; lack of control, long work hours, shiftwork, interpersonal conflicts, insufficient resources, poor reward systems, inadequate structure of

communication flow in hospitals and other healthcare settings, bullying and physical violence (pg. 3).

It is difficult for the nurse to maintain a focus when they do not take time to step away from the chaos to take care of them self. Influenced by the stress of the profession, they are vulnerable to experiencing symptoms of compassion fatigue and burnout. They become tired and distracted.

According to Lazuerus & Folkman (1984), stress is a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding their resources, and endangering their well being. Jennings (2008) reported that in 1960, Menzies first assessed the work stressors of the nurses when she wrote about the unique stressors of the hospital. She believed that the hospital created an anxiety and disconnect for the individuals working in them. The individual may respond by creating a protective shell, projecting negative attitudes, or having defensive behavior against anxiety. Jennings identifies four sources of the nurse's stressors, which include: the influences of patient care, decision-making, taking responsibility, and constant change. Patient care has become more taxing, as the patients who are admitted into the hospital have a higher acuity of illness, require a higher level of nursing skill, and create additional stressors. As primary the caregiver, the nurse is often the decision maker of the patients' needs and has the responsibility for making life-changing decisions for the patients. The continuous changes in health care have included moving from paper charting to computer charting, the stressors of the affordable care act, expectations to meet discharge times, patient satisfactions scores, productivity, committee work, and increased patient acuity. The increased workload and turbulence in the profession adds to the stress of

the profession, and nurses are at high risk for suffering symptoms of compassion fatigue and burnout (2008).

Identifying the Practice Change

The current wellness opportunities offered by the organization are not available at the Satellite Campus. The Main Campus offers activities such as JUMBA, yoga, smoothie days, healing touch, and renewal rooms. The Satellite campus is located an hour north of Main Campus, and the nurses working at the Satellite Campus do not have an opportunity to benefit from the activities offered at the Main Campus. The Holistic Wellness Project provides the opportunity to create a policy that will support wellness activities extending to the staff working at all Satellite Campuses. The identified practice change is to create a wellness program for the satellite campuses.

The QI Project

The PICOT statement for the Holistic Wellness Project was,

For pediatric and NICU nurses working at the hospital located at the Satellite Campus, will the implementation of a Holistic Wellness Program, as compared to current practices (no wellness support at the Satellite Campus), decrease compassion fatigue and burnout, and improve compassion satisfaction, when measured via a pre & post survey, over a 10 week period of time.

Participants

The Satellite Campus was the focus group for the Holistic Wellness Project. It is a 17-bed pediatric unit/12 bed NICU. It partners with the host facility, but is employed by a larger medical system located 45 miles away. The payer mix for the project includes 32% Medical, 48%

commercial, 18% Tri-Care, and 2% self-pay. Over 92% of the patients receive their care at the Satellite Campus; the other 8% require a higher level of care, and are transferred to the Main Campus for their care. The nurses were chosen on a volunteer basis. There are total of 52 employees that work on the unit; and 30 individuals volunteered and participated in the project. Some of the inclusion criteria for the group included, all participant must work in the NICU/ pediatric unit on the Satellite Campus, they must volunteer for the project, and they must commit to participate in all meetings. The exclusion criteria included, those not working in the unit, those who did not volunteer, those who volunteered but were unable to continue will be excluded from the project.

Measuring Tool

The fourth revision of the 30-item Professional Quality of Life Screening (Pro-QOL 5) for measuring compassion fatigue, burnout, and compassion satisfaction provided the needs assessment for the nurses at the satellite campus. Permission for the use of this tool was obtained through an online submission of approval. The Pro-QOL-5 survey tool uses a Likert scale to evaluate the levels of compassion fatigue, burnout, and compassion satisfaction. The results were used to develop an on campus wellness project to support the individualized needs of the satellite campus. The Pro-QOL-5 tool measured the stakeholder's perception of compassion fatigue, burnout, and compassion satisfaction in relation to their job. The survey tool helped identify a need for interventions at the Satellite Campus.

In assessing the needs of the nurses the ProQOL-5 tool measured the individual's responses to a set of questions created to measure the level of compassion fatigue, burnout, and compassion satisfaction. The Pro-QOL-5 survey tool is permissible for duplication as long as

it was not altered or manipulated, The survey provides a 30-point Likert scale measuring the individuals' responses to the set questions, scoring them 1-5, with 1= *never*, and 5= *very often*. The tool evaluated the responses of each individual and measured opportunity for, and influences of, the Holistic Wellness Project. (Appendix A).

Methodology

The project methodology included an analytical, observational, fixed, cohort design. The project is observational because it will be following a group of subjects over a period of time. It is a fixed project because it will be utilizing the same set of volunteer subjects. The cohort design will align with the representation of a select group of individuals who will be followed over a period of time.

Literature Review

A comprehensive, systematic literature review was implemented on the symptoms of compassion fatigue and burnout, and the influences of self-care and compassion satisfaction. A variety of databases were used to implement the exhaustive systematic review: Cochrane Library, Cumulative Index to Nursing and Allied Health (CINAHL), Medline (PubMed), and Elton B Stephens Company (EBSCO). The keyword searches included *compassion fatigue*, *burnout*, *compassion satisfaction*, *self-care*, *holistic nursing*, and *wellness retreats*. The search also contained Boolean phrases that helped narrow those studies most relevant to the topic. The phrases included compassion fatigue in nursing, burnout and compassion fatigue, nursing retreats and compassion fatigue, and self care for nurses. Overall, the search yielded 3,286 articles, out of those articles 3,218 were removed from the review due to lack of relevancy or duplicate listings. The remaining 68 articles were further reviewed for relevancy to the topics of

this capstone project. They were evaluated for design, variables, and level of evidence, strengths, weakness, and outcomes. The literature review included studies that were clinically relevant, scientifically published 2010-present, clinically relevant, scientifically recognized and published 2010-present.

As health care continues to change, so do the demands on the nurses. The nurses are at risk for developing symptoms of compassion fatigue and burnout, making it difficult to provide compassionate care to the patients. According to Dukin, et al. (2013) one of the barriers to compassionate care is that health and social care workers may be experiencing compassion fatigue and burnout and hence not have the personal resources to provide high-quality care. Altounji, et al. (2012) shares that compassion fatigue manifests itself with avoidance of certain patients; decreased empathy; inability to experience joy; physical symptoms, that is, fatigue and headaches; and emotional symptoms, that is, depression and labile moods. The nurses are essential to the organization, often much time and money is spent on staffing grids and acuties; but, “when it comes right down to it, no matter how modern, sophisticated, or efficient staffing programs are, if the individuals who are executing the care are not qualified, engaged, and able to offer the caring necessary for healing, the whole system” (Douglas, 2010, p. 116). As a result nurses are experiencing more influences of compassion fatigue and burnout and less influences of compassion satisfaction. The evidence supports the influences of self-care activities to improve the symptoms of compassion fatigue and burnout. The self-care activities can improve compassion satisfaction, which has potential to decrease employee turnover, and injuries, improve safety, patient care, and employee engagement.

Theoretical Model

The theoretical model that supported the Holistic Wellness Project is Jean Watson's theory of human caring. Watson's caring model is composed of 10 carative factors. The first three carative factors Watson's Science of Caring support the Holistic Wellness project; they are humanistic- altruistic, faith-hope, and cultivation of sensitivity to one's self and to others (Sitzman, & Watson, J., & 2014). According to Watson, humanistic- altruistic behavior is necessary for the nurses own maturation and will support the same behaviors towards others, faith-hope- provides a sense of well-being through a belief system that is meaningful to the individual, and cultivation of sensitivity to one's self and to others- the nurses own development of sensitivity is necessary for them to be able authentically support the needs of others. Sitzman, & Watson state that striving to become sensitive makes the nurse more authentic, which encourages self-growth and self-actualization, in both the nurse and those with whom the nurse interacts

The first three carative factors support the necessity of the nurse caring for themselves. Self-care is an essential part of being able to authentically care and support a healing environment for others. The Holistic Wellness Project provided an opportunity for the nurse to take time to decompress, reconnect with ones belief systems, engage in self-care activities, and cultivate sensitivity their own personal needs. In engaging in self-care activities, the nurse can decrease compassion fatigue and burnout. When the nurse is able to be present for themselves, they are better equipped to provide selfless care to others (Sitzman, & Watson).

Project Design

The Holistic Wellness Project design focused on providing opportunities for self-

care, to help decrease compassion fatigue and burnout, and promote compassion satisfaction at the Satellite Campus. According to Coetzee & Klopper (2010), health promotion and wellness programs are increasingly available to nurses to offset the negative consequences of daily stressors resulting in compassion fatigue and burnout (p. 239). Potter, et al. (2010) supports that fostering psychosocial wellness in the workplace is a crucial strategy for promoting nurse retention and improving practice environments. The Holistic Wellness Project included wellness activities, respite rooms, on campus exercise activities, self-care, healthy eating, potlucks, and team building. All of these activities promoted wellness by improving a healthy living style, accountability, and teamwork. According to Holistic Nurse Core Values, 2013, healing and caring for oneself is vital to have the energy to compassionately care for others. The Holistic Wellness project included stress-reducing practices, (yoga, mindful-based stress reduction practices (MBSR), exercise, creative activities, and discussion). The activities included reading articles addressing burnout, compassion fatigue, mindfulness, and self-care; the topics will be discussed collaboratively. The sessions will support ongoing reinforcements of learned practices. Each session will reinforce a mindfulness practices (walking meditation, body scan, breathing exercises, yoga, and sitting poses, interactive activities). The practices will be further supported through a Renewal Room, a room located in the workplace. The room will provide a safe place for the nurses to step away from the chaos, decompress, and regroup. It will support the practices introduced throughout the program.

According to the American Holistic Nursing (2013) self-care and self-healing are a critical component of being able to provide care to others. The concept of self-care is so important to holistic nursing that it was incorporated into the 2003 AHNA Standards of Holistic Practice, and

the 2007 AHNA Scope and Standards of Practice, Core Value 5. The workflow of the project included introducing the program to the volunteers, discussing the survey and provide instruction, providing an 8 hour class in mindfulness-based approach, scheduling a one-hour meeting one time each week for 8 weeks, providing education in self-care activities, educating on the medical benefits of these activities, creating a space for relaxation, implementing a mentor program as a support system, implementing follow up surveys, and providing time to discuss on-going support

Results

The purpose of this quality improvement project was to examine how nurses respond to the influences of a Holistic Wellness Project for combating compassion fatigue and burnout, as compared to current practices, measured and compared with the ProQOL-5 tool, implemented over an eight-week time period. To address the PICOT question, a series of dependent sample t tests were conducted to assess whether significant differences exist in compassion fatigue, compassion satisfaction, and burnout after the Holistic Wellness Program.

Pre-Analysis Data

A total of 30 nurses participated in the surveys and intervention process. Prior to analysis, the data were assessed for outliers to ensure extreme cases were not skewing the findings. The data were examined for outliers by calculation of standardized values (z-scores) for each of the variables (i.e., compassion fatigue, compassion satisfaction, and burnout). According to Tabachnick and Fidell, 2012, scores with standardized values greater than 3.29 or less than -3.29 should be considered outliers. No outlying responses were found in the data set

and final analyses conducted on the 30 participants.

Data Collection- Frequencies and Percentages for Sample Demographics

All of the participants ($n = 30$, 100%) were female nurses. A majority of the participants were Caucasian ($n = 18$, 60%), followed by Hispanics ($n = 6$, 20%). Table 1 displays the frequencies and percentages for the sample demographics. (Appendix A)

Descriptive Statistics for Continuous Variables

Ages of participants ranged from 28.00 to 61.00, with $M = 41.77$ and $SD = 9.73$. Composite scores were computed for the three variables by summing the corresponding 10 survey items in each scale. Possible scores for compassion fatigue, compassion satisfaction, and burnout ranged from 10.00 to 50.00.

Compassion fatigue pretest scores ranged from 23.00 to 34.00, with $M = 28.97$ and $SD = 2.43$. Compassion fatigue posttest scores ranged from 18.00 to 25.00, with $M = 22.00$ and $SD = 1.86$.

Compassion satisfaction pretest scores ranged from 35.00 to 41.00, with $M = 38.00$ and $SD = 1.76$. Compassion satisfaction posttest scores ranged from 40.00 to 46.00, with $M = 43.10$ and $SD = 1.47$.

Burnout pretest scores ranged from 22.00 to 29.00, with $M = 24.93$ and $SD = 2.05$. Burnout posttest scores ranged from 18.00 to 24.00, with $M = 19.83$ and $SD = 1.51$. Descriptive statistics for the continuous variables are displayed in Table 2. (Appendix B)

Reliability Analysis

By utilizing Cronbach's alpha, the inter-item reliability of each set of subscale items (i.e., compassion fatigue, compassion satisfaction, and burnout) was assessed. Cronbach's alpha

provides the mean correlation (reliability coefficient) between each pair of items in a scale.

Reliability coefficients of .7 or greater indicate acceptable inter-item reliability (George & Mallery, 2010). The Cronbach alphas for compassion fatigue, compassion satisfaction, and burnout were all less than .50. Low reliability is typically being attributed to participant error or misinterpretation of the survey questions. Consequently, the results of the statistical analyses with these variables will be interpreted with caution. Table 3 presents the reliability statistics for the three scales at pretest and posttest. (Appendix C)

Survey Results

Research Question: How do the nurses respond to the influences of a Holistic Wellness Program for combating compassion fatigue and burnout, and improve compassion satisfaction, as compared to current practices, measured and compared to current practices, measured and compared with the Professional Quality of Life Screening (ProQOL-5) tool, implemented over an eight-week time period.

Dependent Sample *t*-Test

To address the questions, a series of dependent sample *t*-tests were conducted to examine for differences in compassion fatigue, compassion satisfaction, and burnout between pretest and posttest. A dependent sample *t*-test is an appropriate statistical analysis when the goal of the research is to assess for differences in two means that can be matched (Morgan, Leech, Gloekner, & Barrett, 2007). Three dependent sample *t*-tests were conducted in order to assess the hypotheses.

Prior to analysis, the Kolmogorov-Smirnov (KS) tests were conducted to assess the normality assumption for the three scales at pretest and posttest. Results of the KS test did not

indicate significance for mean scores on compassion fatigue pretest ($p = .065$), compassion fatigue posttest ($p = .149$), and burnout pretest ($p = .068$). Thus, the normality assumption was met for these three variables. Results of the KS test indicated significance for mean scores on compassion satisfaction pretest ($p = .033$), compassion satisfaction posttest ($p = .023$), and burnout posttest ($p = .018$). Therefore, the normality assumption was not met for these three variables. However, the dependent sample t test is a robust statistical analysis against violations of normality (Morgan, Leech, Gloekner, & Barrett, 2007).

Results of the dependent sample t tests indicated that after the Holistic Wellness Project intervention, there were significant mean differences in compassion fatigue ($t(29) = 26.32, p < .001$), compassion satisfaction ($t(29) = -16.75, p < .001$), and burnout ($t(29) = 16.75, p < .001$) between pretest and posttest. Average compassion fatigue and burnout scores were significantly lower after the intervention. In addition, average compassion satisfaction scores increased after the intervention. There is sufficient evidence to reject the null hypotheses for the research question, suggesting that there were significant differences in compassion fatigue, compassion satisfaction, and burnout before and after the Holistic Wellness Project. Means, standard deviations, and test statistics are presented in Table 4 (Appendix D). The three null hypotheses for the research question can be rejected. The summary discusses these results in relation to previous literature and the theoretical framework of the study.

Conclusion

The nurse is essential in the hospital setting. It is important to recognize the ongoing stressors of the job and provide avenues for support. The Holistic Wellness Project identified topics for education and practices for healing. The Holistic Wellness Program was developed to

measure the influences of wellness activities for preventing and combat the negative effects compassion fatigue and burnout and improving compassion satisfaction from the nurses working at the Satellite Campus. The Pro-QOL 5 survey responses supported the benefits of the Holistic Wellness Project. The results show significant mean differences in compassion fatigue, compassion satisfaction, and between pretest and posttest. Average compassion fatigue and burnout scores were significantly lower after the intervention. In addition, average compassion satisfaction scores increased after the intervention. There is sufficient evidence to reject the null hypotheses for the research question, suggesting that there were significant differences in compassion fatigue, compassion satisfaction, and burnout before and after the Holistic Wellness Program.

Nurse Leaders have the moral responsibility to facilitate self-care, renewal, and healing in the organizational culture and to also foster caring and trusting relationships” (Holistic Nursing Core Values, 2013, p. 20). The Holistic Wellness Project helped build the skills to support the accountability necessary to improve the workflow of the hospital. The Nurse leader will use the same skills to help decrease compassion fatigue and burnout and improve compassion satisfaction for their nurses.

Summary

The soul of nursing is seeking the good of self and others through compassion and caring. However, it is difficult to care for others when one is experiencing the symptoms of compassion fatigue and burnout. Rosenstein (2013) supports that compassion fatigue and burnout are becoming increasingly prevalent amongst physicians and nurses. Rosenstein further points out that the consequences of compassion fatigue and burnout have a negative

impact for both clinicians and the patients. When a nurse enters into the profession, they enter to create healing and support for others. Healing and caring for oneself is vital to have the energy to compassionately care for others. Nursing theorists recognize the influence that the nurse has on healing of the patient and family.

The purpose of the wellness project was to examine how nurses respond to the influences of a Holistic Wellness Program for combating compassion fatigue and burnout, as compared to current practices. The ProQOL-5 survey provided a tool to measure the nurses' levels of compassion fatigue, burnout, and compassion satisfaction pre and post implementation of a wellness program implemented over an eight-week time frame. The findings of the statistical analyses indicated that there were significant improvements in compassion fatigue, compassion satisfaction, and burnout scores after the Holistic wellness Project. Compassion fatigue and burnout decreased, while compassion satisfaction increased after the intervention.

According to Sitzman & Watson (2013), Watson's Nursing Theory recognizes the nurses' ability to provide a healing environment for the patients, but notes that they must first learn to take care of themselves. When a nurse is experiencing compassion fatigue or burnout, they have a negative influence on the healing of the patient, they contribute to medical errors and injury. The organization may suffer from absenteeism, illness, and employee turnover. All of these influences have a negative effect on workflow and financial stability of the organization. The Holistic Wellness Project provided a program to identify, prevent, and combat the negative effects compassion fatigue and burnout

The literature review supports that the stressors of patient care, decision-making, taking responsibility, and change are identified as possible influences on the nurse. The patient population has increased in acuity and nurses are experiencing compassion fatigue secondary to caring for these patients. The demands involved in decision-making, through patient assessments, provide an additional stressor for the nurse. The increased responsibility that all of these stressors provide are in and of themselves their own stressor. Finally, the ongoing changes in healthcare increase expectations and demand and quality from the nurse. These demands have influenced the rise in compassion fatigue and burnout for the nurse. As a way to combat all of these influences, the Holistic Wellness Project provided education and practices to decrease stress levels and improve the nurses' ability to provide a healing presence for herself and the patient. The results supported that the Holistic Wellness Project interventions did decrease the effects of compassion fatigue, and burnout, while increasing the level of compassion satisfaction for the nurses working in NICU and pediatric units at the Satellite.

The projected policy change is developed around the needs of the satellite campuses. Creating a program for the off campus satellite units began with a needs assessment from the employees. The Pro-QOL tool will assess the nurses' level of compassion fatigue, burnout and compassion satisfaction. The survey provided a Likert scale to evaluate opportunities for the nurses. The results were used to develop an on campus wellness program to support the individualized needs of each campus. Some of the programs that have supported wellness activities in other hospitals are respite rooms, on campus exercise activities, promoting self-care, healthy eating, potlucks, and team building. All of these activities promote wellness by improving a healthy living style, accountability, and teamwork. According to Holistic Nurse Core

Values, 2013, healing and caring for oneself is vital to have the energy to compassionately care for others.

APPENDIX A

Table 1

Frequencies and Percentages for Sample Demographics

Variable	<i>N</i>	%
Gender		
Male	0	0
Female	30	100
Ethnicity		
Caucasian	18	60
Filipino	4	13.3
Hispanic	6	20
Indian (From India)	1	3.3
Scottish	1	3.3

APPENDIX B

Table 2

Descriptive Statistics of Continuous Variables

Continuous Variables	<i>Min.</i>	<i>Max.</i>	<i>M</i>	<i>SD</i>
Age	28	61	41.77	9.73
Compassion Fatigue Pretest	23	34	28.97	2.43
Compassion Fatigue Posttest	18	25	22	1.86
Compassion Satisfaction Pretest	35	41	38	1.76
Compassion Satisfaction Posttest	40	46	43.1	1.47
Burnout Pretest	22	29	24.93	2.05
Burnout Posttest	18	24	19.83	1.51

APPENDIX C

Table 3

Cronbach's Alpha Statistics for Scales

Variable	Number of Items	Cronbach's Alpha
Compassion Fatigue Pretest	10	0.35
Compassion Fatigue Posttest	10	0.356
Compassion Satisfaction Pretest	10	0.148
Compassion Satisfaction Posttest	10	0.014
Burnout Pretest	10	0.113
Burnout Posttest	10	-0.027

APPENDIX D

Table 4

Dependent Sample t-Tests for Compassion Fatigue, Compassion Satisfaction, and Burnout between Pretest and Posttest

Leadership Style	Pre Intervention		Post Intervention		<i>t</i> (29)	<i>p</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Compassion Fatigue	28.97	2.43	22	1.86	26.32	< .001
Compassion Satisfaction	38	1.76	43.1	1.47	-16.75	< .001
Burnout	24.93	2.05	19.83	1.51	16.75	< .001

References

- Altounji, D., Morgan, H. Grover, M, Daldumyan, & S., Secola, R. (2012). A self-care retreat for pediatric hematology oncology nurses. *Journal of Pediatric Oncology Nursing*, 30(1) 18–23.
- American Nurses Association & American Holistic Nurses Association. (2013). *The Scope and Standards of Holistic Nursing Practice*, 2nd edition.
- Coetzee, S. K., & Klopper, H. C. (2010). Compassion fatigue within nursing practice: A concept analysis. *Nursing & Health Sciences*, 12(2), 235-243. doi:10.1111/j.1442-2018.2010.00526.x
- Douglas, K. (2010). When caring stops, staffing doesn't really matter. *Nursing Economics*, 28(6), 415-419.
- Durkin, M., Smith, J., Powell, M., Howarth, J., & Carson, J. (2013). Wellbeing, compassion fatigue, and burnout in APs. *British Journal of Healthcare Assistance*, 7(9), 456-459.
- Gallegar, R. (2013). Compassion fatigue. *Canadian Family Physician*, 59(3), 265-268.
Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3596203/>
- Greshon, J. C. (2014). Healing the healer. *Journal of Holistic Nursing*, 32(1), 6-13. doi: 10.1177/0898010113495976
- Holistic Nursing Association. (2013). *Scope and Standards of practices, Holistic Nursing 2nd Edition*.
- Jennings B. (2008). Work stress and burnout among nurses: role of the work environment and working conditions. In: Hughes RG, editor. *Patient Safety and Quality: An Evidence-Based Handbook for Nurses*. Rockville (MD): Agency for Healthcare Research and Quality (US); Chapter 26. Available from: <http://www.ncbi.nlm.nih.gov/books/NBK2668/>

- Sitzman, K., Watson, J., & Ebrary. (2014). *Caring science, mindful practice: Implementing Watson's human caring theory*. New York, NY: Springer Publishing Company, LLC.
- Lazuerus, R., & Folkman, S. (1984). *Stress appraisal and coping*. New York: Springer.
- Maslach C., Jackson S., & Leiter M. (1996) *Maslach burnout inventory manual*. Palo Alto, Consulting Psychologists Press.
- Morgan, G. A., Leech, N. L., Gloekner, G. W. & Barrett, K. C. (2007). *SPSS for introductory statistics: Use and interpretation* (3rd ed.). Mahwah, NJ: Lawrence Erlbaum Associates.
- Phiri, L., Draper, C., Lambert, E., & Kolbe-Alexander, T. (2014). Nurses' lifestyle behaviors, health priorities and barriers to living a healthy lifestyle: a qualitative descriptive study. *BMC Nursing*, 13(38). Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/25506262>
- Roberts, R. Grubb. P., & Grosch, J. (2012). Alleviating job stress in nurses: approaches to reducing Job stress in nurses. *Medscape*, 765974, <http://www.medscape.com/viewarticle/765974>
- Sitzman, K., & Watson, J. (2013). *Caring Science, Mindful Practice: Implementing Watson's Human Caring Theory*. New York, NY, USA: Springer Publishing Company. Retrieved from <http://www.ebrary.com>
- Tabachnick, B. G. & Fidell, L. S. (2012). Using multivariate statistics (6th ed.). Boston, MA: Pearson. *Nursing Economic\$*, 31(1), 18-26.