Title:
The Effect of an Educational Intervention on Nurses' Healthy Behaviors, Compassion Fatigue, and Compassion Satisfaction

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References:


Abstract Summary:
This correlational study aimed to examine the effect of an educational intervention on nurses' engagement in healthy behaviors and perceptions of compassion fatigue and compassion satisfaction. Nurses who participated in the intervention engaged in significantly more healthy behaviors and experienced significantly less compassion fatigue and more compassion satisfaction.

Learning Activity:
## LEARNING OBJECTIVES

Describe existing evidence and gaps in knowledge that drive the need for new science regarding nurses’ engagement in healthy behaviors and professional quality of life.

## EXPANDED CONTENT OUTLINE

A. Health of nurses: The research evidence  
B. Professional quality of life of direct care nurses: Research evidence and priority gaps in knowledge  
  a. Professional quality of life defined  
     i. Compassion fatigue  
     ii. Compassion satisfaction  
  b. Current evidence on compassion fatigue and compassion satisfaction  
  c. Gaps in knowledge related to compassion fatigue and compassion satisfaction  
C. Nurses’ performance of health-related behaviors: The research evidence and priority gaps in knowledge  
  a. Physical activity  
  b. Nutrition  
  c. Spiritual  
  d. Health responsibility  
  e. Stress management  
  f. Interpersonal relationships  
D. Research and gaps in knowledge on relationships among nurses’ health-related behaviors and professional quality of life  
E. Research and gaps in knowledge related to interventions that promote nurses’ engagement in healthy behaviors and professional quality of life

### Overview the methodology of an original research study that examined the interrelationships among nurses’ healthy behaviors, compassion satisfaction, compassion fatigue and the effect of an educational intervention on nurses’ engagement in healthy behaviors, compassion satisfaction, and compassion fatigue.

A. Research question and null hypothesis  
B. Design: Strengths and weaknesses  
C. Sampling plan  
D. Instrumentation  
   a. HPLP II: subscale structure, reliability, validity, scoring  
   b. ProQOL: subscale structure, reliability, validity, scoring/norming  
E. Intervention Development and Execution  
F. Data Collection  
G. Data Analysis: Selection of statistics  
H. Protection of human subjects

### Discuss the results of the original research study and its implications for interventional innovation and future research.

A. Results: Research question and null hypothesis  
B. Conclusions  
C. Limitations  
D. Implications of results related to nurse’s engagement in health-related behaviors  
E. Implications of results related to professional quality of work life  
F. Implications of results related to the inter-relationships among study variables  
G. Implications of results related to the effects of the study intervention  
H. Future research

### Abstract Text:

**Introduction:** The Institute of Medicine (2011) asserted that the future of health care in the United States of America (USA) depends on the ability of nurses to deliver cost-effective, high quality care to patients,
families, and populations. During hospitalization, nurses are the professionals who are primarily responsible for health care delivery. However, recent research suggests that the health of nurses is less-than-optimal, which may reduce nurses’ capacity to care for patients and promote well-being in complex, vulnerable populations. Evidence suggests that nurses often neglect self-care practices while experiencing job stress, physical exhaustion, work-related injuries, chronic illnesses, depression, eating disorders, and low professional quality of life (Vetter & Wegryn, 2016). Professional quality of life manifests as compassion satisfaction and compassion fatigue; compassion fatigue is a composite of burnout and secondary traumatic stress. While research indicates that nurses, like many other helping professionals, experience compassion fatigue, the correlates and predictors of compassion fatigue and compassion satisfaction have not been fully explicated (Neville & Cole, 2013). Specifically, nurses’ participation in healthy behaviors has not been amply explored in relation to professional quality of life.

Evidence of the effectiveness of wellness-focused interventions to promote healthy behaviors and compassion satisfaction and reduce compassion fatigue among nurses is limited. Therefore, the purposes of this study were threefold: to explore the extent to which direct care nurses engage in healthy behaviors; to examine the inter-relationships among healthy behaviors, compassion satisfaction and compassion fatigue in direct care nurses; and to evaluate the effect of an educational intervention on professional quality of life and engagement in healthy behaviors among direct care nurses in the USA.

**Study Methodology:** Through a correlational, cross-sectional design, a convenience sample of direct care nurses in one teaching hospital completed the Health Promoting Lifestyle Profile II survey (HPLP II) (Walker, Sechrist, & Pender, 1995) and the ProQOL Survey (version 5) (Stamm, 2014). The 52-item HPLP II measured the frequency of performance of healthy behaviors with a four-point response format. The HPLP II consisted of six subscales, specifically Stress Management, Health Responsibility, Interpersonal Relationships, Nutrition, Physical Activity, and Spiritual Growth. Participants completed the HPLP II pre-intervention, 30 days post-intervention, 60 days post-intervention and 180 days post-intervention. The 30-item ProQOL Survey measured professional quality of life as compassion satisfaction and compassion fatigue. Ideally, nurses would report low compassion fatigue and high compassion satisfaction. The ProQOL Survey had a five-point response format, and scores were standardized as t-scores. Participants completed the ProQOL pre-intervention and 180 days post-intervention. The internal consistency reliabilities of the total HPLP II, six subscales of the HPLP II and the subscales of the ProQOL ranged from .68 - .94 in this sample. The educational intervention was a two-hour interactive session on self-care and healthy behaviors, taught by a nationally known nurse expert and offered on-site during work hours. Data analysis included descriptive analysis of healthy behaviors and inferential analysis of the interrelationships among healthy behaviors and professional quality of life variables. In addition, data analysis examined the differences between study variables among nurses who did and did not participate in the educational intervention. The study was IRB-approved.

**Results:** Across the four data collection phases, 601 nurse surveys were submitted. 180 direct care nurses participated in the educational intervention from a pool of 717 nurses. Participants were primarily female, married with children at home, worked full time, had over 10 years of nursing experience and represented eight clinical areas. Baseline scores on study variables did not differ between nurses who did and did not participate in the educational intervention. Mean scores on the total HPLP II for all participants across all phases ranged from 2.51 - 2.65, indicating nurses “sometimes” or “often” performed healthy behaviors. Regarding mean subscale scores, nurses’ lowest scores were for health responsibility (X = 2.19 - 2.38) and physical activity (X = 2.18 - 2.39), in which nurses only engaged “sometimes.” Highest HPLP II subscale scores were for spiritual growth (X = 2.90 - 3.0) and interpersonal relationships (X = 2.9 - 3.0), in which nurses engaged “often.” Nurses’ scores on frequency of engagement in healthy behaviors was not in the range of “always” for any healthy behaviors. Scores on the ProQOL for all participants were at the 50th percentile for compassion satisfaction and compassion fatigue, which is mid-range on both normed scores. Scores on compassion satisfaction, compassion fatigue and all subscales of the HPLP II were significantly intercorrelated (r = .25 - .77, p < .001). A significant difference was found in the frequency of engagement in healthy behaviors between nurses who did and did not participate in the intervention 180 days afterward (p < .02). Specific areas of healthy behaviors that improved significantly were health responsibility, stress management, nutrition and physical activity. A significant increase in
compassion satisfaction and decrease in compassion fatigue were noted 180 days after the intervention among nurses who participated in the intervention (p < .004 - .01).

**Conclusion/Implications for Practice:** Direct care nurses in this sample engaged in healthy behaviors “somewhat” to “often” and experienced less compassion satisfaction and more compassion fatigue than desirable. Frequency of healthy behaviors was significantly related to perceived compassion satisfaction and compassion fatigue, suggesting that the extent to which nurses engage in healthy self-care behaviors is related to professional quality of life. More research is needed to explore the mediating and predictive effects among the variables.

Direct care nurses who participated in an educational intervention on healthy self-care behaviors engaged in more healthy behaviors than direct care nurses who did not participate in the intervention 180 days post-intervention. A future study with an experimental, longitudinal design could clarify and extend knowledge about direct care nurses’ health-related behaviors and perceptions of work life. A one-time educational intervention offered in the workplace may heighten nurses’ awareness of self-care needs and contribute to positive changes in health behaviors and professional quality of work life. Innovative educational interventions can be developed to improve quality of work life and strengthen nurses’ commitment to engage in healthy behaviors.