EVALUATION OF A SELF-CARE JOURNAL AND ITS IMPACT ON COMPASSION FATIGUE IN HOSPICE

A PRACTICE INQUIRY PROJECT PROPOSAL SUBMITTED TO THE ADVISORY COMMITTEE IN THE UNIVERSITY OF HAWAI'I AT HILO SCHOOL OF NURSING IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF DOCTOR OF NURSING PRACTICE

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ABSTRACT

Background: The foundation of the nursing profession is caring, compassion, and creating authentic transpersonal relationships with patients. Compassion fatigue is a professional concern due to its impact on nurses' mental and physical health, professional quality of work satisfaction, and patient care interactions. Compassion fatigue, defined as emotional exhaustion, can profoundly impact the nurse-patient relationship. The literature defines self-care as the most common and effective strategy. For hospice organizations to deliver high-quality care, nurses need organizational initiatives to engage nurses in self-care to prevent compassion fatigue and to continue engaging in authentic, compassionate nurse-patient relationships.

Methods: A quantitative descriptive design was applied to evaluate a self-care journal's impact on compassion fatigue in hospice nurses. Hospice nurses consented to use a monthly self-care journal, which allowed them to define their self-care activities with supported engagement through self-reflection, intention setting, habit tracking, cognitive and behavioral therapy, positive psychology, and journaling. The ProQOLv5 scale was completed to measure compassion fatigue through subscales of compassion satisfaction, burnout, and traumatic stress.

Results: Data was analyzed using the Wilcoxon signed-rank test. The pre-intervention data reflected moderate levels of compassion satisfaction, low to moderate levels of burnout, and low to moderate levels of secondary traumatic stress. The impact of the self-care journals was statistically significant for the subscale of secondary traumatic stress ($p = .039$) but not significant for compassion satisfaction ($p = .461$) or burnout ($p = .144$). Although the nurses did not report extensive use of the journals, they evaluated the project as increasing their knowledge of compassion fatigue and would support future organizational initiatives.

Keywords: Compassion, fatigue, satisfaction, hospice, self-care, journal

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Chapter One: Statement of the Problem, Project Aim, and Objectives

Introduction

The nursing profession is a valuable discipline within health care that combines the art of caring and compassion with clinical skillfulness to deliver care to patients. Compassion is an interconnected concept of caring, respect, and empathy and is an essential aspect of person-centered care (American Association of Colleges of Nursing, 2023). Caring and compassion are often shared as the ethos of nursing (Perez-Bret et al., 2016). Compassion "could be defined as the sensitivity shown to understand another person's suffering, combined with the willingness to help and to promote the well-being of that person, to find a solution to their situation" (Perez-Bret et al., 2016, p. 605). Compassion is a fundamental skill nurses embody in the delivery of caring services.

The emerging topic of compassion fatigue can significantly impact professional nurses, organizations employing nurses, and patients receiving care. Compassion fatigue has various definitions and is unclear, leaving ambiguity in the research and outcomes designed to understand it (Coetzee & Klopper, 2010). Stamm's (2010) widely used definition describes compassion fatigue as burnout, symptoms of exhaustion, frustration, anger, and depression, or the experience of secondary traumatic stress, such as feelings driven by fear and work-related trauma.

Growing levels of compassion fatigue can lead to nurses feeling emotionally exhausted with little motivation to authentically engage patients, impacting the overall quality of clinical care delivered to patients. Compassion fatigue emerges as a professional practice concern due to its significant impact on nurses' mental and physical health, professional quality of work, and the

value of patient care interactions. The phenomena of compassion fatigue can profoundly and negatively impact the foundation of the caring transpersonal nurse-patient relationship.

Due to the emerging prevalence of compassion fatigue, self-care strategies have been defined in the literature as a best practice prevention and mitigation strategy (Andrews et al., 2020; Blum, 2014; Todaro-Franceschi, 2019). Nurses are most often encouraged to prevent compassion fatigue through self-initiated after-hours self-care. Frequently, self-care is an emotionally disconnected activity promoted as rejuvenation or escapism. Even when nurses prioritize adequate rest, healthy eating, and regular exercise, it is unlikely that additional activities of disconnection, hobbies, or escapism are enough to process the emotional distress often experienced by nurses. However, the challenge of nurses' effective self-care methods includes initiating effective practices, sustaining motivation, and achieving impactful results to balance the inherent professional distress (Andrews et al., 2020). Nurses with compassion fatigue may need additional tools to engage the recommended strategies effectively, and a motivational self-care journal is one option. Therefore, this project evaluated whether a self-care journal improved nurses' compassion satisfaction and reduced the risks of compassion fatigue, burnout, and secondary traumatic stress for hospice nurses.

Background

Nursing as a Caring Profession

Nurses struggle to engage in authentic caring relationships in the current biomedical paradigm. Using Watson's (2012) philosophy of human caring science and her transpersonal model of care, the profession's foundation in clinical practice is relational. In this model, nurses are uniquely positioned for and adept at engaging human suffering. The theoretical framework offered by Watson (2012) presents the nature of relationships between nurses and patients as a

spiritual construct. Watson (2012) described how nurses find meaning through engagement in a caring relationship. She notes a transpersonal caring relationship as a moral ideal of nursing, where there is the utmost concern for human dignity and the preservation of humanity (Watson, 2012). Human caring begins when the nurse engages another person, senses their condition of being, feels this condition, and responds harmoniously (Watson, 2012). By entering from a centered and intentional presence, pausing to see the patient's spirit behind the disease, diagnosis, or behavior, the nurse's heart-centered caring presence and conscious intentionality allow an open space where spirituality can unfold. In this complex engagement, the compassionate nurse is helping to put the patient in the best position to access their inner healing. Nurses working with end-of-life patients in hospices often engage in an intense, emotionally engaged relationship to provide patients an opportunity for life reconciliation as they approach dying. This model allows the nurse to focus on patient engagement, relationship development, and spirituality in a professional relationship (Watson, 2012). As described by Watson (2012), a relational approach between nurses and patients may contrast with the traditional view of a professional, with tight emotional boundaries.

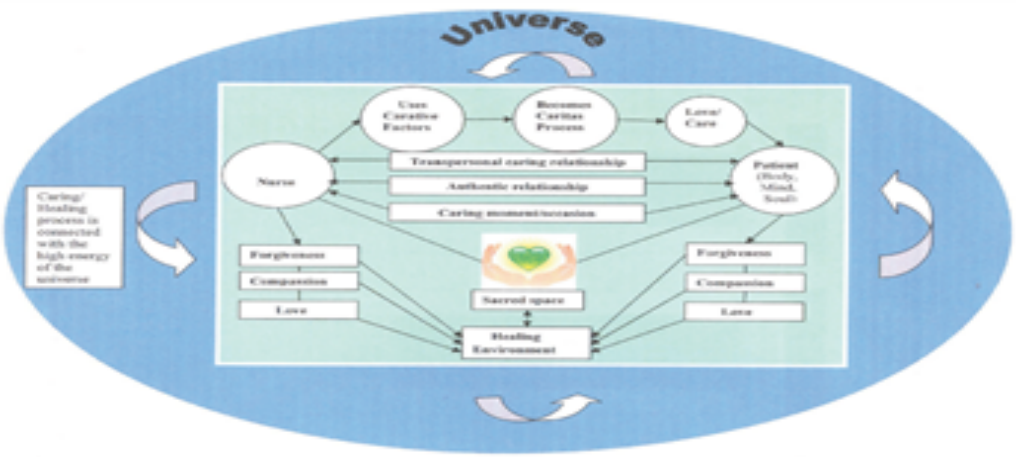
Hospice nurses experience emotionally transcendent relationships when caring for the dying, creating meaningful and purposeful professional work. To alleviate distress, a hospice nurse can be caring and compassionate by witnessing and acknowledging a patient's physical and emotional pain and suffering. When a hospice nurse's involvement is equally valued by allowing the nurse and patient to co-participate in a caring moment, they potentiate self-healing and greater harmony for both the nurse and the patient. Shared experiences can create an energetic phenomena field and become part of a larger, more profound, complex pattern of life that often can potentiate self-healing discovery and contribute to the meaning of both of their existence

(Watson, 2012). That is the great attractive force of the art and human artistry of transpersonal caring and healing in nursing and health care practices (Watson, 2012).

Additionally, Watson's theory recognizes that literature has traditionally focused on reducing a patient to the medical paradigm. Human caring science offers a change in basic assumptions and perceptions in various dimensions, resulting in a paradigm shift in the nurse-patient relationship (Watson, 2012). Further, scientific thinking shifts from rigor versus relevance, explaining versus understanding, and control versus the real-world pre-ordinate to rolling (Watson, 2012). A new way of considering and understanding the value of relationships in healing includes the dynamics between the nurse and the patient (Watson, 2012). This concept is particularly applicable to nurses caring for the dying as the spirituality and consideration of life is often a construct being felt and experienced by the patient, requiring hospice nurses to engage deeply. The continuation of human caring science theory is monumental to hospice nurses retaining the value of human caring in the current data-driven biomedical model of care.

Figure 1

Practice Model for Watson's Theory of Caring



Note. This figure demonstrates the interconnectedness and complexity of an authentic and healing nurse-patient relationship. The carative factors become Caritas processes as it translates to care, the creation of sacred space, and a healing environment. From Lukose, A. (2011). Developing a practice model for Watson's theory of caring. Nursing Science Quarterly 24(1), p. 27-30. Reprinted with permission.

Compassion Fatigue

Compassion. Compassion is suffering together. Feldman and Kuyken (2011) described compassion as kindness, empathy, generosity, and acceptance as a response to the presence of others suffering. Nurses' intimacy with patients offers an opportunity to consciously engage in an authentic, heart-centered relationship with the virtues of caring, compassion, and trust. This relationship between nurses and patients is unique to the discipline of nursing. Watson describes the relationship as the nurse can “center consciousness and intentionality on caring, healing, and wholeness, rather than on disease, illness and pathology" (Watson Caring Science Institute, 2021, Transpersonal Nursing and the Caring Moment Defined section). Nurses' capacity to embrace another's suffering as compassion is the way of the heart. Compassion in nursing can be understood as:

> Compassion originates as an empathic response to suffering, as a rational process that pursues patients' well-being through specific, ethical actions directed at finding a solution to their suffering. We, therefore, define the term compassion to mean the sensitivity shown to understand another person's suffering, combined with a willingness to help and to promote the well-being of that person to find a solution to their situation. (Perez-Bret et al., 2016, p. 606)

Compassion satisfaction is characterized by the positive aspect of caring for and engaging in meaningful patient relationships, resulting in a sense of satisfaction, competence, and feeling as though their work makes a difference (Stamm, 2010). It involves deriving pleasure and satisfaction from the work despite the challenges and accompanying emotional distress. It is associated with a sense of well-being, fulfillment, reward, accomplishment, joy, enrichment, invigoration, inspiration, revitalization, gratitude, and hope (Sacco & Copel, 2017). Compassion

satisfaction contributes to more positivity in nurses, an improved work environment, and better patient outcomes.

Compassion Fatigue Definition. Since its inception, compassion fatigue has been inconclusively defined in the literature. Joinson (1992) first discussed compassion fatigue as an emotionally devastating condition requiring self-reflection to understand. Figley further defines compassion as an innate quality that cannot be taught to helping professionals (Figley, 1995). In Figley's hallmark textbook, Compassion Fatigue (1995), he defined compassion fatigue as synonymous with secondary traumatic stress disorder, writing, "It is the cost of caring" (Figley, 1995, p. 1). Figley was thoughtful about differentiating compassion fatigue from burnout.

Interestingly, Figley referred to compassion fatigue as a chronic lack of self-care and described burnout as a chronic condition emerging over time (Figley, 2002). In contrast, Stamm's (2010) manual for the ProQOLv.5 tool defined compassion fatigue as "the first part concerns things such as exhaustion, frustration, anger, and depression typical of burnout. Secondary Traumatic stress is negative feeling driven by fear and work-related trauma" (Stamm, 2010, Scale Definitions section). Stamm (2010) emphasizes that compassion fatigue is distinct from burnout and is explicitly linked to a lack of empathetic engagement with patients. Repeated exposure to traumatic events or witnessing the physical and emotional suffering of those in need can gradually erode a nurse's ability to emotionally engage and provide compassionate care.

Many scholars have perpetuated the notion that compassion fatigue may be an occupational hazard created by the engagement of compassionate caring with an outcome of an overwhelming emotional load. These models conclude that identifying oneself with another's suffering is sufficient for causing fatigue, and it is proposed that these unpleasant emotions negatively influence nurses. In contrast, compassion fatigue may happen more precipitously

when simply experiencing suffering or supporting a patient sharing the intimate details of trauma or suffering. Watson's theory of human caring science (2012) shares how an authentically engaged relationship offers the potential for mutual benefits to both the nurse and the patient.

In a departure from Figley's theory that compassion fatigue is caused by caring, a new trend suggests the inverse to be true. "Human connection can transform the experience for the giver of compassion to trigger positive emotion and build resilience" (Trzeciak & Mazzarelli, 2019, p. 295). "It is reported that 70% of people experience a feel-good sensation when giving meaningful help to others in need" (Trzeciak & Mazzarelli, 2019, p. 302). Research has supported the protective effect of engaging in compassionate action by indicating that it triggers positive emotions by releasing neuromodulators (Brown & Brown, 2015). Additional literature identifies limitations with Figley's definition as linear and binary. The model cannot account for the deeper and more meaningful concept of empathy and does not consider the benefits of a caring transpersonal mutual relationship (Sabo, 2006). According to Mathieu (2012), building emotional connections with patients helps nurses cope with their role's stress and emotional toll, highlighting authentic engagement's crucial role in developing resilience.

Compassion Fatigue. Compassion fatigue describes nurses' loss of the ability to be caring and empathetic. Stamm (2010) measures compassion fatigue with subscales of burnout and secondary traumatic stress. Burnout is disconnection, insensitivity, feeling overwhelmed, and a sense of unhappiness. At the same time, secondary traumatic stress is the preoccupation and rumination of patients and their suffering, which can be reflected in the inability to separate work and life, resulting in exhaustion, edginess, and the inability to sleep (Stamm, 2010).

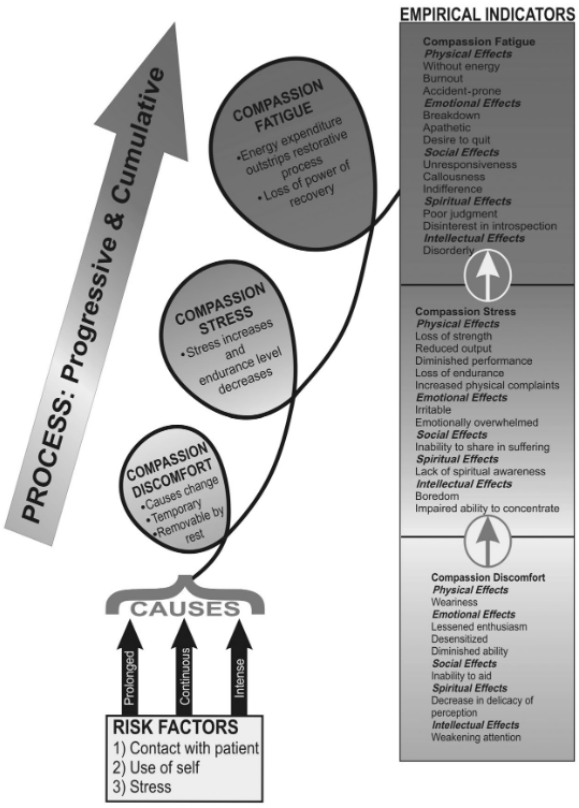
The American Nurses Foundation (2021) provided results from over 22,000 nurses who reported 72% are exhausted, 64% are overwhelmed, 67% report sleep pattern disruption, 52%

state that work is negatively impacting their well-being, and sharing only 3.1% felt their employer valued their mental health (Year One Covid-19 Impact Assessment Survey, 2021).

The original phenomena were explained by Joinson (1992) and expanded upon by Figley (1995), who defined compassion fatigue as an "identifiable set of negative psychological symptoms that caregivers experience as a result of providing care while being exposed to either primary trauma" (Figley, 1995, p. 117). Compassion fatigue can have a progressive and cumulative effect resulting in compassion fatigue. Coetzee and Klopper (2010) offer a visual as depicted in Figure 2.

Figure 2

Empirical Indicators of Compassion Fatigue



Note. This figure defines the categories, characteristics, and empirical indicators of compassion fatigue. It identifies the risk factors, causes, and progressive processes that result in compassion fatigue. From Coetzee, S., & Klopper, H.C. (2010). Compassion fatigue within nursing practice: A concept analysis. Nursing & Health Sciences, 12(2), p. 234-243. Reprinted with permission.

As nurses experience symptoms of compassion fatigue, they are impacted negatively by their experiences. Nurses experiencing compassion fatigue can struggle to connect to the purpose of their work and often reconsider their careers. As Coetzee and Klopper (2010) stated, the progressive nature of compassion fatigue is "calamitous for the nursing profession, which requires caring and compassionate nurses as its basis" (p. 241). The American Association of Colleges of Nursing (2023) states that compassion is integral to providing person-centered care and treating others as human beings. Patients feel the negative consequences of compassion fatigue because nurses with compassion fatigue may be less likely to engage with patients authentically and meaningfully, which is essential to healing, according to Watson's (2012) human science of caring theory.

Self-Care

Nurses are the heart of healthcare, embodying caring and compassion while engaging in transpersonal care for suffering patients. Bearing witness to suffering patients and distressed families in a complex, dynamic, and shifting healthcare system can lead to an increased risk of compassion fatigue. Historically, hospice, pediatrics, critical care units, and emergency room nurses have been identified as high-risk specialty areas, but prevalence throughout the nursing profession is rising (Todaro-Franceschi, 2019). Sabo (2006) shares how little emphasis has been placed on the consequences of nurses providing care to emotionally intense patient populations. Therefore, organizations must acknowledge the risks of compassion fatigue and begin to understand the impact on the nursing profession and individual nurses (Mathieu, 2012).

The literature supports a variety of self-care strategies to prevent or treat compassion fatigue without compelling evidence for any one specific self-care activity but indicates self-care may be distinct to each nurse (Andrews et al., 2020; Blum, 2014; Mathieu, 2012; Todaro-

Franceschi, 2019). Each nurse must ascertain their needs and determine an appropriate self-care activity to meet their needs. The evidence supports various self-care activities to strengthen psychosocial well-being. Self-care can be categorized into three themes: physical, emotional, and mental. Physical self-care can include getting enough sleep, eating a healthy and balanced diet, staying hydrated, exercising regularly, getting regular check-ups and medical care, taking breaks from electronic devices, spending time in nature, taking care of personal hygiene, getting a massage, and engaging in activities that bring joy and relaxation. Emotional strategies in the literature included practicing self-compassion, healthily expressing emotions, setting healthy boundaries, cultivating positive relationships and social support, engaging in activities that bring joy and meaning, and seeking professional help when needed. Lastly, mental wellness can include practicing mindfulness and meditation, engaging in activities that challenge and stimulate the mind, setting realistic goals, learning new skills, and managing stress through relaxation techniques such as deep breathing or meditation.

Self-care journals are specific strategies to consider feelings, thoughts, and behaviors related to taking care of oneself. Self-care journaling typically involves daily or regular writing prompts to encourage reflection on one's thoughts, emotions, behaviors, and activities and practices that support physical, mental, and emotional health. The purpose of a self-care journal is to become more self-aware by identifying areas of life that may be causing stress or anxiety and developing strategies for coping with these challenges healthily and sustainably.

Problem Statement

Compassion fatigue is a state of being that prevents nurses from engaging compassionately in caring interactions and therapeutic nurse-patient relationships. Strategies to prevent, mitigate, and transform compassion fatigue are often promoted as self-care activities

(Andrews et al., 2020; Mathieu, 2012; Mills et al., 2018). Nurses with compassion fatigue may be caring for patients in a challenging and emotional setting and may not identify their need to initiate self-care activities. The emotional symptoms of exhaustion may hinder nurses from engaging in the recommended self-care activities that could provide longer-term psychological wellness. The challenge they face of feeling too exhausted to engage with patients can potentiate further feelings of disconnection and dissatisfaction. Nurses who experience unmitigated compassion fatigue are at risk of a disconnected nurse-patient relationship, affecting the healing opportunities of patients and further potentiating the loss of quality patient care and compassion satisfaction. Therefore, based on these findings, I have developed a practice inquiry project to address the following question:

For nurses working in a community-based hospice organization, does a self-care journal change the perception of compassion fatigue when measured with the Professional Quality of Life Scale pre- and post-surveys over two months? A quantitative methodology was applied to assess nurses' perceptions of compassion fatigue using the ProQOL v.5 survey subscale surveys. The survey consisted of subscales measuring compassion satisfaction, burnout, and secondary traumatic stress, which were analyzed to determine the level of risk for compassion fatigue for hospice nurses.

Significance to Practice

Nursing is the heart of healthcare through providing direct clinical care to patients. Nurses are the most prominent healthcare professionals in the United States, with an estimated six million nurses providing care nationwide and a projected growth of 7% (United States Bureau of Labor Statistics, 2020). The American Association of Colleges of Nursing practice essentials Domain II: Patient Centered-Care defines providing compassionate care as a featured

concept (American Association of Colleges of Nursing, 2023). Watson's (2012) theory of human caring science states that the "nurse as a person is engaged as an active co-participant in the human caring process and relationship" (Watson, 2012, p. 66). Translating this theory into everyday nursing practice is reflected through caring and compassionate actions such as attentive listening, providing comfort, and fostering trust in patient interactions. As Watson further shares, "An actual caring moment occasion involves action and choice, both on the nurse and the individual. The moment of coming together and a caring moment occasion presents the two people with the opportunity to decide how to be in the relationship-what to do with the moment" (Watson, 2012, p. 71). The nurse-patient relationship is the basis for transformative healing.

The intimate clinical role of nursing can define the experiences and the quality of care experienced by patients (Nunn et al., 2021). Trzeciak and Mazzarelli (2019) share that compassion translates to patient-centeredness. Hospice nurses experiencing compassion fatigue may not be able to open opportunities as Watson's (2012) theory of human caring science and the American Association of Colleges of Nursing practice essentials refers to as an integral part of the nursing profession. This inability to create meaningful relationships affects all aspects of the potential for patient healing.

Professional nurses have one of the essential direct roles within healthcare organizations; therefore, any phenomenon negatively impacting them can significantly affect the quality of patient care. Kelly et al. (2015) suggest that organizations willing to invest in reducing compassion fatigue would benefit from reduced associated adverse events and staff turnover. Organizations that demonstrate compassion for their employees by providing emotional support have more engaged employees with a more significant investment in the organization, resulting in improved patient care (Trzeciak & Mazzarelli, 2019). In conclusion, interventions to support

professional nurses in remaining engaged in a caring and compassionate relationship with patients correspond to high-quality patient care. Therefore, compassion fatigue is significant to all organizations providing patient care and to organizations reliant on the profession of nursing to deliver care to patients.

Goal, Aims, and Objectives

Goal

The project's overall purpose is to evaluate the impact of a self-care journal on community hospice nurses with an expected increase in compassion satisfaction and a decrease in compassion fatigue subscales of burnout and secondary traumatic stress.

Aims and Objectives

Aim One

Educate community hospice nurses at North Hawai'i Hospice regarding compassion fatigue, its impact on nurses, and the nurse-patient relationship.

Objective 1: Hospice nurses will develop a competent understanding of the concepts of compassion fatigue as demonstrated in a post-presentation knowledge check.

Objective 2: Hospice nurses can self-identify specific behaviors associated with compassion fatigue, burnout, and secondary traumatic stress, as demonstrated in a post-presentation knowledge check.

Aim Two

For North Hawai'i Hospice nurses to use Silk and Sonder self-care and wellness journal for two months to evaluate the impact on their perception of compassion fatigue. The Silk and Sonder journal will be provided to each nurse as a self-care journal to improve wellness through

self-reflection, intention setting, habit tracking, cognitive and behavioral therapy, positive psychology, and journaling.

Objective 1: For hospice nurses to consent to and use monthly self-care journals for two months.

Objective 2: For hospice nurses to complete pre-and post-intervention ProQOLv.5 survey to compare the perception of compassion fatigue using the subscales of compassion satisfaction, burnout, and secondary traumatic stress.

Aim Three

For North Hawai'i Community Hospice nurses to perceive organizational support with the self-care intervention.

Objective 1: For hospice nurses to identify the self-care intervention as a measure endorsed by the organization to prevent compassion fatigue.

Objective 2: For hospice nurses to complete an evaluation at the end of the project to provide feedback regarding the usefulness of the Silk and Sonder self-care journal.

Summary

In summary, the nurse-patient relationship is a fundamental aspect of healthcare provision, defined by trust, care, and compassion. It is essential for nurses to have the emotional ability to care and the capacity for compassion as it is inherent in engagement and the transformative power of the nurse-patient relationship. Nurses who work in hospice provide care in emotionally intense circumstances within a complex healthcare setting, increasing the risk of nurses developing compassion fatigue. Compassion fatigue decreases the ability of nurses to engage deeply and meaningfully, impacting the potential of the nurse-patient relationship. Nurses cannot be expected to identify and initiate compassion fatigue prevention strategies

independently of their organizations. Therefore, organizations must begin to consider strategies to mitigate compassion fatigue and support professional nurses in understanding how to transcend from the perception of tragedy to an unrecognized source of hope, courage, power, and miraculous happenings in their lives (Watson, 2008).

Chapter Two: Review of Literature and Conceptual Framework

Chapter Two comprehensively reviews the literature on compassion fatigue, including a discussion of self-care as a primary recommendation for individual nurses.

Review of Literature

A literature review was conducted using CINAHL, EBSCOHost, Pub Med, AtlHealth Watch, Google Scholar, ProQuest, and Cochrane Reviews to access available scholarly literature and evaluate the current practices. Google Scholar was checked against a current predatory journal list prior to its consideration for use as reference material for the literature review. For the searches, the following keywords were used: *nurse, nursing, self-care, self-awareness, coping, education, compassion fatigue, burnout, secondary trauma, emotional exhaustion, stress, compassion satisfaction, combat work-related stress, relief, reflective writing, and wellness.* In anticipation of a quantitative methodology, additional terms *comparison group, comparative, contrast, and different,* were also included. The initial search resulted in over 300 articles. When the search was limited to the last five years, narrowing it to North American, English-speaking, and full-text articles, the results narrowed the number of articles. The exclusion criteria included not disaster-related or combat-related in the sociology databases. The literature review initially identified 25 articles with content relevant to the project's scope. An additional search for seminal works on compassion fatigue books by authors considered scholarly experts were also included. The snowball technique was used to search for additional valid literature and evaluated

for applicable evidence. Lastly, published material from professional organizations, including the American Nurses Association and the American Association of Colleges of Nursing, were accessed for information regarding the essentials of nursing practice, domains of care, and required competencies.

The current literature review yields limited specific strategies regarding compassion fatigue management strategies. The literature overwhelmingly supports self-care practices in various forms, including emotional, psychological, and physical. Organizational-specific compassion fatigue interventions to support nurses in self-care engagement were identified as a gap in the literature.

Self-Care

Self-care is the most widely recommended individual practice to reduce the risks of nurses experiencing debilitating emotional and physical effects and losing their ability to provide caring and compassionate connection to patients (Andrews et al., 2020; Blum, 2014; Mathieu, 2012; Todaro-Franceschi, 2019). Self-care can include physical, emotional, and mental strategies for wellness and balance. It is a proactive and insightful self-initiated process motivated by the need for continued ability to provide compassionate care in therapeutic relationships with patients (Mills et al., 2018).

A review of the literature suggests that self-care is the prominent strategy for compassion fatigue (Andrews et al., 2020; Blum, 2014; Mathieu, 2012; Todaro-Franceschi, 2019). Reflective writing is one strategy that can offer self-reflection and a consideration of deeper patterns (Bulman & Schutz, 2013). This reflection promotes self-awareness and emotional intelligence, allowing nurses to better understand their strengths, weaknesses, and limitations. Self-care journals can use the technique of self-reflection and awareness to identify activities that may be

most suited as a personal prevention or management strategy. Self-care strategies may include making time for personal growth, having boundaries, taking technology breaks, yoga, meditation, and tai chi, among a wide variety of methods focusing on overall wellness (Blum, 2014). However, self-care strategies as an individual process, including finding balance with plans of sleeping well, eating right, and exercising, may not be initiated by a nurse actively experiencing compassion fatigue, let alone the challenges and commitment to deep emotional reflection. Nurses may need guidance and encouragement to proactively engage in self-care and self-compassion (Andrews et al., 2020).

Furthermore, some authors state that neglect of self-care contributes to emotional exhaustion symptoms and can harm patients through increased medical and adverse events (Kelbach, 2021). Andrews et al. (2020) discuss how self-care and self-compassion enable nurses to improve their ability to engage compassionately with patients. Building self-care activities from within organizations as an investment in the profession of nurses is not extensively discussed in the literature. However, it may be briefly mentioned as contributing to nursing turnover and retention rates concerning organizations' finances (Wells-English et al., 2019).

Discussion

Understanding how to prevent, assess, and treat compassion fatigue has been an interwoven complexity for healthcare professionals. However, many scholars have shared that authentic, engaged, and compassionate nurse-patient relationships prevent compassion fatigue (Stamm, 2010; Trzeciak & Mazzarelli, 2019; Watson, 2008). Engaging authentically in a human caring moment with an open heart offers compassion satisfaction while avoiding compassion fatigue. Nurses need skills and support to connect in the most meaningful ways with patients and, just as importantly, appropriately disconnect without negative feelings associated with the

interaction (Watson, 2012). The fundamental skills that allow nurses to engage in transcendence relationships consciously include competencies in self-awareness, mindfulness, communication, ethics, and resilience. Therefore, for this project, the theoretical framework will be based upon Watson's (2012) human caring science by engaging the benefits of a transpersonal caring relationship to reduce the potential of compassion fatigue.

The current literature review focuses on the value of individual self-care strategies to prevent or manage compassion fatigue to continue engaging compassionately and meaningfully over time. Nurses must be aware of self-care activities' protective effects beyond eating, exercising, and sleeping. Self-reflection, intention setting, mood, and habit tracking can offer an opportunity for improved overall wellness (Mathieu, 2012). Building personal resources will allow the nurses to engage with more psychological flexibility, resilience, and positivity (Mills et al., 2018; Silk and Sonder, n.d.). Although research has shown overall benefits to society of eating well, exercising, and sleeping enough, more focused effort is needed for hospice nurses to balance the emotional intensity of being with the dying. For compassion fatigue prevention and management, a self-care journal may serve as a tool for nurses to determine, track, and reflect on their self-care activities using a motivational journal. Organizations can create strategies to foster positive workplace cultures conducive to self-care practices, while individuals are responsible for maintaining their capacity for professional practice (Mills et al., 2018). As Stamm (2010) suggested, organizations offering self-care programs are more likely to encounter less compassion fatigue.

Although the literature is clear that self-care is the antidote to compassion fatigue, clear strategies as a standard for the prevention of compassion fatigue are yet to be comprehensively defined. Organizations should consider widening their conceptual view of self-care as a single

strategy to prevent compassion fatigue. Organizational support as a collaborative approach to individual self-care would promote health and well-being for the healthcare professional (Mills et al., 2018). Supporting nurses in their self-care journey is one way to enhance emotional balance and the continued ability to form compassionate and caring relationships with patients.

Theoretical Framework

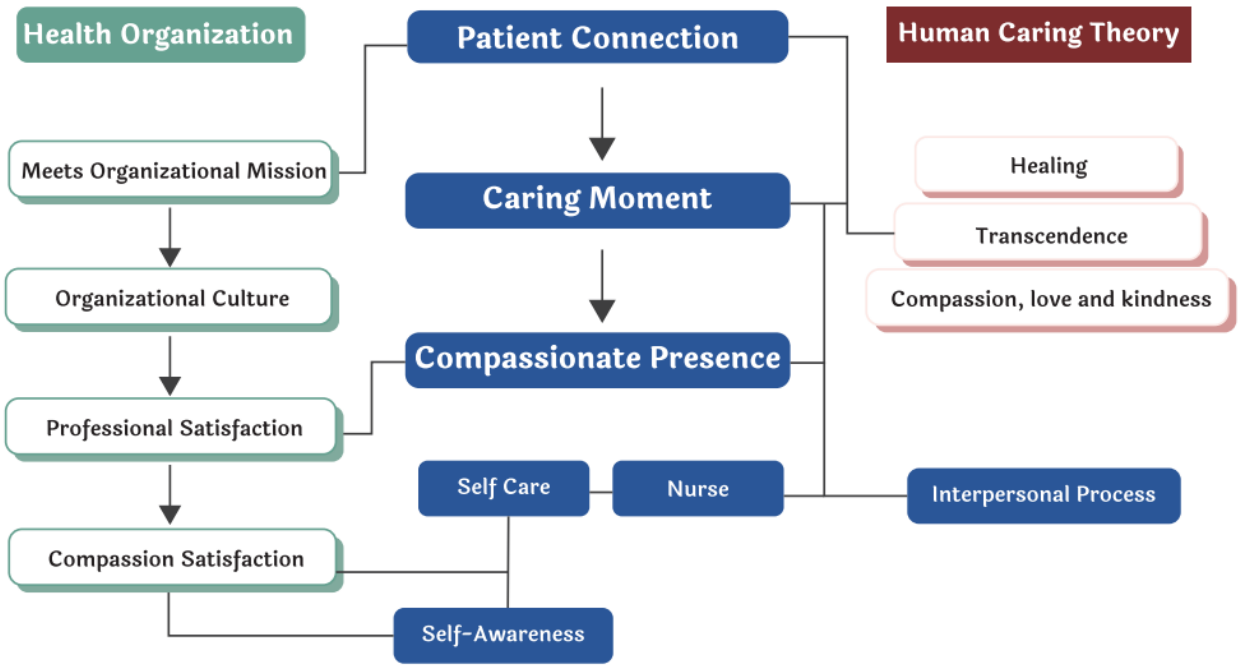
Theory of Human Caring Science

The overarching theoretical framework developed by nurse theorist Jean Watson was used to guide the development of this practice inquiry project (Watson Caring and Science Institute, 2021). Watson believes that the interpersonal process and relationship between patients and nurses is transcendent, leading to a healing environment for the physical and spiritual self. She further describes deepening self-awareness to cultivate sensitivity to oneself and others. "The practitioners need for their own evolving and repatterning, from fear to love, a shift, perhaps from head centered/personality/ego-centered work to heart-centered, higher consciousness movement" (Watson, 2012, p.114). Additionally, Watson (2012) details how creating a spiritual environment can support wholeness, comfort, dignity, and peace. Watson offers a theoretical viewpoint that engages nurses, at their highest spiritual level, with a transcendent relationship with patients, which, in theory, provides an experience of professional satisfaction. "As a beginning, we have to impose our own will to care and love upon our own behavior and not on others. We have to treat ourselves with gentleness, love, and kindness, equanimity, and dignity before we can respect and care for others with gentleness, kindness, equanimity, and dignity" (Watson, 2012, p.19). Therefore, this theoretical framework applies to this project as a model for the nurse and its application to the nurse-patient relationship founded on caring and compassionate actions translating to healing and transcendence. Overall, the nurses

who embody the human caring model are more likely to experience compassion satisfaction and support nurses in maintaining the ability to care for patients over time.

Figure 3

Project Concept Map based on Human Caring Theory



Note. A concept map reflecting the interactions of organizations, nurses, and patients based on the human caring science theory (Watson, 2012). Created by J. Todd-Hesse.

Chapter Three: Project Design and Evaluation Plan

Project Description

This practice inquiry project aimed to increase awareness of the definition of compassion fatigue and provide knowledge to nurses to increase their awareness of the emerging phenomena of compassion fatigue. Secondly, using a self-care journal intervention, the project intended to increase compassion satisfaction while decreasing compassion fatigue for hospice nurses in a community hospice organization. Lastly, the goal was for nurses to perceive organizational support for self-care through their willingness to endorse self-care and allow the project intervention within the organization.

The literature did not define one specific self-care intervention to prevent the phenomena of compassion fatigue. Self-care journals are a valuable tool for hospice nurses to self-reflect and become aware of their personal needs and goals. Nurses were able to determine what activities may best serve their individual needs. Through a self-care journal, nurses could plan and track a path to their individual goals to achieve overall personal wellness. By incorporating self-care journaling into their daily practices, nurses may build resilience and sustain compassionately caring for others while maintaining a sense of well-being in their own lives and professional satisfaction.

Silk and Sonder are beautifully designed single-month self-care journals with an inspirational theme. Silk and Sonder journals are a motivational form of self-care and personal development that combines the traditional aspects of a planner with the added element of a guided journal (Silk and Sonder, n.d.). This unique approach allowed individuals to stay organized, plan their day-to-day activities, and reflect on their emotions, aspirations, and

personal growth throughout the month. Figure 4 provides a visual example of the journal (Silk and Sonder, n.d.).

Figure 4

Silk and Sonder Journal Examples

Note. Silk and Sonder are monthly-themed self-care journals offering personal wellness activities. Reprinted from Silk and Sonder website.

The self-care initiative for this project was the intervention of this specific self-care Silk and Sonder journal, using science-backed strategies to offer a pathway to self-care (Silk and Sonder, n.d.). The beautifully crafted journal offers daily, weekly, and monthly calendar features prompting thoughtful introspection, fostering mindfulness and self-awareness (Silk and Sonder, n.d.). The carefully curated content within each edition covers a wide range of topics, such as goal-setting strategies, habit and mood tracking, journal prompts, gratitude practices, and prioritization techniques. The incorporation of habit trackers helps users establish positive routines and track progress toward their goals effectively (Silk and Sonder, n.d.). The journal pillars include compassion, clarity, and creativity, curated as a motivating means for achieving personal wellness.

The practice inquiry project recruited registered professional nurses working at a community hospice in the Waimea community in the northern region of the Island of Hawai'i.

The recruitment methods in this small organization included a planned engagement of the clinical staff under the leadership of the executive director and clinical director. As an introduction to the practice inquiry project, the executive director offered an introductory session in allowing the project's promotion to all eligible registered nurses in the organization. At the start of the practice inquiry project, an in-service educational session provided concepts regarding compassion fatigue and its impact on professional nurses, organizations, and patients. Following the in-service, with publisher permissions, a pre-intervention ProfQOLv.5 survey was used to measure nurses' perceptions at the start of the project. The ProQOL v.5 survey, if used in an unchanged format, does not require specific permission from the publisher as written in the survey (see Appendix D).

Nurses were given two single-month journals for individual use and initiation of self-care activities. The Silk and Sonder self-care journals are science-backed approaches to support nurses in journal activities, including a weekly and monthly calendar, journal prompts, intention setting, habit tracking, and coaching exercises. The journals utilize cognitive, behavioral, and positive psychology strategies to improve overall wellness. The impacts of the self-care journals were followed up with a post-intervention survey using the same ProQOLv.5 survey for pre-post comparison. At the end of the project, a brief survey questionnaire was given to evaluate the overall project's usefulness for future organizational initiatives. The organization anticipated that the impact of this project would not only improve the ability of nurses to authentically engage and offer heart-centered care but would positively impact the experience of end-of-life patients. The project did not use any of the self-care journal content; it was not reviewed, evaluated, or collected at any time for the project.

Project Design

The practice inquiry project design is quasi-experimental. The practice inquiry project surveyed the self-perception of hospice nurses' levels of compassion satisfaction, burnout, and secondary traumatic stress with validated subscales determining overall compassion fatigue. The total length of the project was 20 weeks, from introducing the project at a staff meeting to the conclusion of the leadership's final results presentation. The intervention of the self-care journal lasted two months, followed by data analysis and the final meeting disseminating results with the executive and clinical directors.

The practice inquiry project had four distinct phases. The first phase involved the support of the executive director and clinical leadership. In the month leading up to the project, the executive director and clinical director introduced and promoted the engagement of nurses from within a staff meeting. During this staff meeting, recruitment flyers were handed out, and within two weeks, all nurses received an invitational email providing additional information with a recruitment flyer attached. Phase two included the interventional stage, which started with an education in-service presented at the opening of the practice inquiry project. An interactive PowerPoint presentation introduced the concepts of compassion fatigue, including its definition, risk factors, and its most likely manifestation in the professional role. A discussion of the content followed the presentation, and the project timeline was shared.

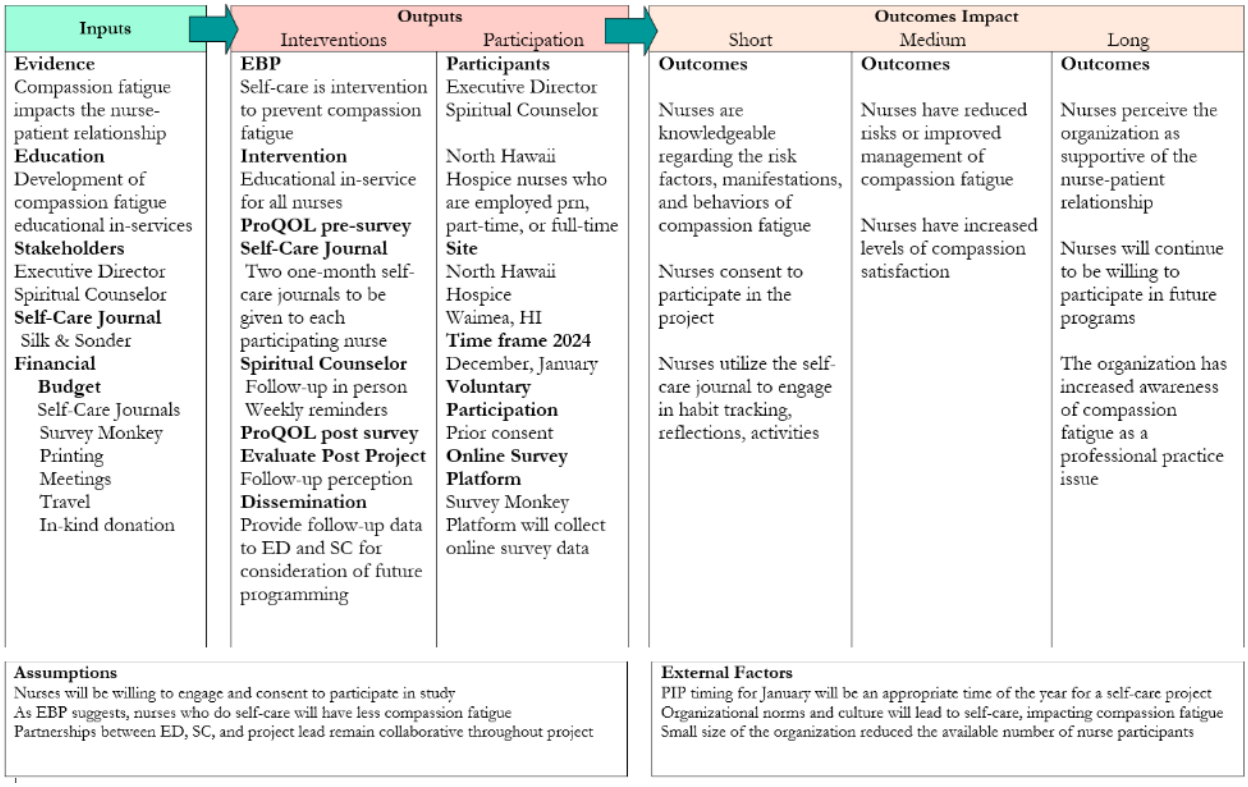
The second part of phase two included nurses engaging the online link through Survey Monkey, an online survey company, which allowed for anonymized survey data. The nurses were provided with a project overview and an informed consent information sheet when opening the emailed link. They were then prompted to complete a knowledge check regarding the educational in-service presentation and the initial pre-intervention ProQoLv.5 survey. Nurses

were provided with two monthly self-care journals for their wellness. Lastly, the nurses completed a post-intervention ProQOLv.5 survey at the end of the intervention phase, with phase two of the project being completed with a project evaluation questionnaire.

Phase three of the practice inquiry project included data analysis and evaluation of the impact of self-care journals on compassion fatigue. The data was entered into IBM SPSS (Version 27) and analyzed using the Wilcoxon signed rank test. The fourth phase is the dissemination of the analysis. On March 13th, 2024, an overview of the project outcomes was shared with the executive director as she retired. On April 4th, 2024, a formal presentation with data analysis was shared with the clinical director and a new executive director. The presentation included a review of the project purpose, the data analysis, and a discussion regarding the strengths and limitations, implications for practice, and opportunities the organization has to support the future prevention of compassion fatigue.

Figure 5

Logic Model for Planning and Evaluation of Project



Note. A logic model for planning and Evaluation of the practice inquiry project to guide the practice inquiry project. Created by J. Todd-Hesse.

Setting

North Hawai'i Hospice is a non-profit organization founded over 30 years ago to provide quality, compassionate services for patients and their families needing care and support during their final life stages. North Hawai'i Hospice provides services attending to patients' physical, emotional, and spiritual needs for patients and families at the end of life with an interdisciplinary team of professionals. Currently, North Hawai'i Hospice serves 25 to 30 patients and families in their homes on any given day.

North Hawai'i Hospice is in the northern part of the Island of Hawai'i. This geographic region is estimated to have less than 25,000 people of varied ethnic backgrounds and socioeconomic status. North Hawai'i Hospice provides healthcare services to patients and

families in the geographic area from Laupahoehoe north to Kapaau and west to Waikoloa. The small service areas reflect the current clinical staffing of less than twelve registered nurses and eight hospice aides employed as needed (prn), part-time or full-time. The clinical staff members include a spiritual counselor, a social worker, a bereavement counselor, and clinically engaged administrative leadership.

The practice inquiry project nurses were from North Hawai'i Hospice's clinical staff. Hospice nurses promote comfort, pain, and symptom management, collaborate with medical providers, educate family members, and collaborate with the interdisciplinary team to meet the patient's emotional and physical needs (Bhatnagar & Lagnese, 2023).

Participants

Inclusion Criteria

Eligible nurses in this practice inquiry project included all registered nurses employed at North Hawai'i Hospice working in any capacity, including prn, part-time, or full-time. Nurses needed to be available for the entirety of the 16-week time frame. Nurses need to be able to speak, read, and write English and be able to complete the online survey as emailed to them. Due to the organization's small size, all employed registered nurses who met the inclusion criteria were sent an invitational email asking to participate in the practice inquiry project. Participation was voluntary, and nurses were advised that they could stop participating at any time in the project. Online evaluations, surveys, and questionnaires were used to collect data for analysis. Nurses were advised that patient-specific or personal self-care journal information would not be reviewed or collected at any time during the project.

Exclusion Criteria

Any registered nurses on sick leave, FMLA, or other paid or unpaid time away from the organization for more than two weeks were excluded from participating. Similarly, all additional clinical personnel and non-clinical members from North Hawai'i Hospice were excluded from participating in the project.

Recruitment

The goal was to recruit all current registered nurses at North Hawai'i Hospice. The executive director and clinical director agreed to support the practice inquiry project at the introductory staff meeting and offered a recruitment flyer to all potential participants. The clinical director provided email addresses for all nurses, and a follow-up email containing a recruitment flyer with additional details was sent out. Information about the practice inquiry project, including the project's purpose, the intervention, the details of the online surveys, and the anticipated impact, was included in the email. The nurses were advised that all personal information in the project would be kept confidential, and their participation was voluntary with no organizational or employment recourse.

Informed Consent

An emailed link with information regarding the project's design was provided. Nurses advanced next to the informed consent. The informed consent provided information to potential participants, and by continuing the survey, nurses agreed to participate in the practice inquiry project. The written permission informed nurses they could decline continued participation at any time, and any information given in the consent, questionnaires, and surveys would be kept confidential.

Data Collection and Methodology

The practice inquiry project's primary goal was to evaluate the impact of a self-care journal on compassion fatigue for hospice nurses through pre- and post-measurement of compassion satisfaction, burnout, and secondary traumatic stress.

Aims and Objectives

Aim One

Educate community hospice nurses at North Hawai'i Hospice regarding compassion fatigue, its impact on nurses, and the nurse-patient relationship.

Objective 1: Hospice nurses will develop a competent understanding of the concepts of compassion fatigue as demonstrated in a post-presentation knowledge check.

Objective 2: Hospice nurses will self-identify specific behaviors associated with compassion fatigue, burnout, and secondary traumatic stress, as demonstrated in a post-presentation knowledge check.

Methods: Nurses in the organization were provided an in-person 30-minute presentation regarding compassion fatigue, compassion satisfaction, risk factors, and its impact on nurses' ability to engage in patient relationships in a caring-centered, authentic way. The presentation included three themes, starting with providing knowledge regarding 1) compassion fatigue, 2) compassion satisfaction, and 3) specific definitions educating nurses on the differences between burnout and stress. The dialogue was opened to discuss compassion fatigue prevalence, which offered insight into the phenomena as an emerging professional concern. Secondly, risk factors and causes of compassion fatigue were presented to equip nurses with the knowledge to self-identify their own level of risk. Next, specific expressions of compassion fatigue were identified to help identify symptoms in themselves and colleagues, and prevention and self-care

engagement were encouraged. Lastly, a literature review synthesis and knowledge about self-care strategies as optimal methods to prevent and manage compassion fatigue were explored in depth. The presentation concluded with a reflective activity and voluntary personal sharing, giving an experiential opportunity to deepen the understanding and value of self-reflection. After the presentation, participating nurses completed a five-question knowledge check to ensure a basic understanding of the concepts. The knowledge check was included in the emailed link on the Survey Monkey platform.

Aim Two

For North Hawai'i hospice nurses to use Silk and Sonder's self-care and wellness journal for two months to evaluate the impact on their perception of compassion fatigue. The Silk and Sonder journal was used as an individual wellness journal to promote improved wellness through self-reflection and self-initiated self-care options that each nurse could plan, track, and monitor.

Objective 1: For hospice nurses to consent to and use monthly self-care journals for two months.

Objective 2: For hospice nurses to complete pre-and post-intervention ProQOLv.5 survey to compare the perception of compassion fatigue using the subscales of compassion satisfaction, burnout, and secondary traumatic stress.

Methods: Nurses were encouraged to use the Silk and Sonder self-care journal. The Silk and Sonder journals incorporated evidence-based exercises and cognitive, behavioral, and positive psychology strategies to improve overall wellness. The journal offered a weekly and monthly calendar, journal prompts, intention setting, habit tracking, and coaching exercises. For December and January, the nurses were given a new journal for their self-care activities.

Initially, nurses were emailed a link presenting information about the project and a consent form, followed by the education in-service knowledge evaluation, and lastly, proceeded to the pre-intervention ProQOLv.5 survey. At the beginning of February, after two months of using the self-care journal interventions, the nurses were emailed a post-intervention survey via Survey Monkey and an overall project evaluation. The pre-and post-intervention survey data were collected, entered, and analyzed using statistical software.

Aim Three

For North Hawai'i hospice nurses to perceive organizational support with the self-care intervention.

Objective 1: For hospice nurses to identify the self-care intervention as a supportive measure to prevent compassion fatigue.

Objective 2: For hospice nurses to complete an evaluation at the end of the project to provide feedback regarding the usefulness of the Silk and Sonder self-care journal.

Methods: The nurses were emailed a link to Survey Monkey to complete the practice inquiry project evaluation. The questionnaire was the second item after the post-intervention ProQOLv.5 survey. The questionnaire evaluated the use of the journal, the perception of organizational support, and recommendations for future organizational initiatives regarding self-care strategies. The questionnaire allowed participating nurses to give feedback about how they utilized the self-care journal and their perceptions of the value it may have had in initiating or maintaining their personal wellness goals. Lastly, the evaluation solicited feedback on the impact the self-care journal had on compassion fatigue and their perception of it as a prevention strategy to mitigate the inherent risk hospice nurses may have regarding compassion fatigue.

Protection of Human Subjects

The practice inquiry project proposal defense was presented to the project Chair and Committee Member for preliminary approval. The University of Hawai'i at Hilo School of Nursing Scientific Review Committee (SRC) proposal and approval (see Appendix G) allowed the practice inquiry project to move to the final approval process of institutional review board (IRB) approval. The proposed research posed a minimal psychological risk with surveys and did not involve a vulnerable population. The University of Hawai'i System Human Studies Program approved the project as exempt from federal regulations pertaining to the protection of human research with nurses on October 27, 2023, protocol number 2023-00716 (see Appendix H). The practice inquiry project only began once all the application approvals had been secured and received. All nurses who agreed to participate in the practice inquiry project from North Hawai'i Hospice were advised that participation in the project was voluntary. The potential participating nurses were required to agree to informed nurse consent before Survey Monkey proceeded to the knowledge check and pre-intervention ProQOL v5 survey.

The practice inquiry project had minimal psychological risk to the participants. Any nurses in the organization experiencing discomfort or distress were encouraged to use the services of the Spiritual Counselor or access mental health services through their health care insurance. The organization's resources were available if nurses identified psychological concerns associated with the practice inquiry project.

The collected data from the practice inquiry project was de-identified, and due to the sample size of the nurses and the risk of identification of participants, no demographic information was collected for data analysis. Data collected via an online survey system was encrypted and kept on a password-protected file and computer. Correlated statistical group data

was shared with North Hawai'i Hospice's leadership and published as a part of the data analysis for the requirements of the written part of this project. No nurses were asked permission to release identifiable data at any point in the project, and any completed self-care journals remained in the participant's possession. Under no circumstances were contents or specific self-care activities analyzed as a part of the practice inquiry project. The profile creator determined the online platform options to destroy the data based on the requirements and options available. Any anonymous printed data will be kept in a sealed envelope in a locked cabinet within a locked room for five years and then responsibly destroyed.

Memorandum of Understanding

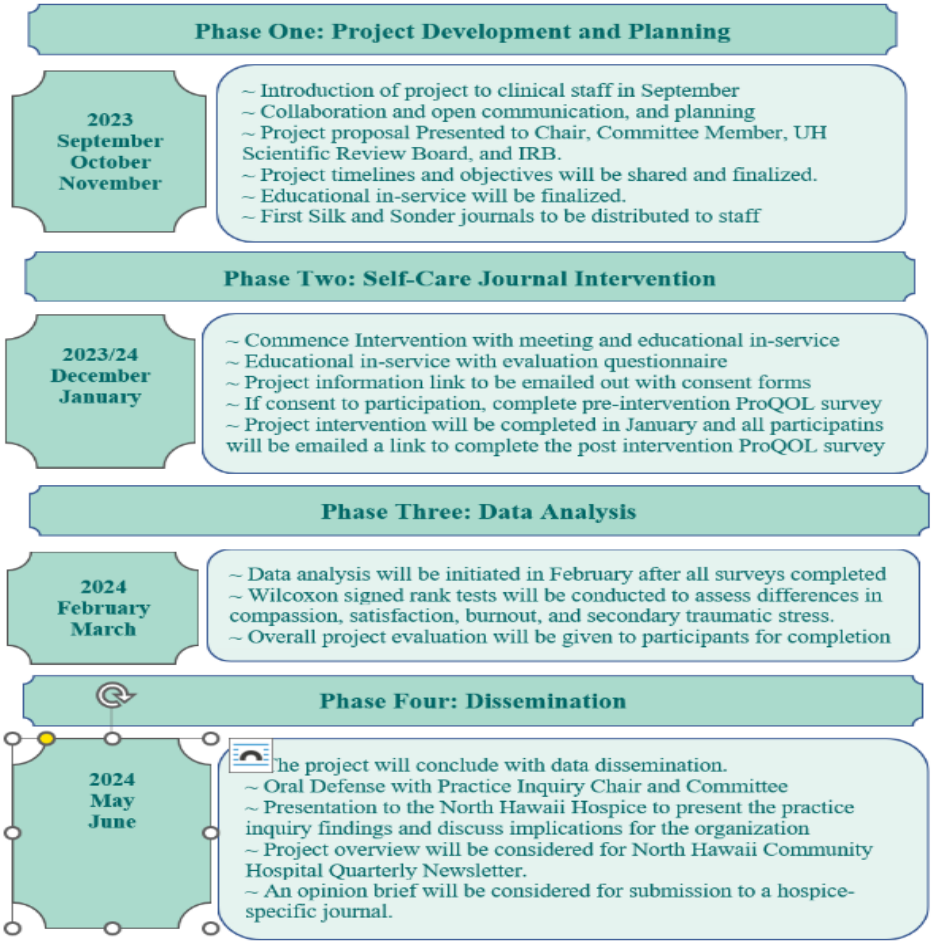
The North Hawai'i Hospice executive director signed a memorandum of understanding (MOU) in May 2023, completed with the School of Nursing Director and the University of Hawai'i's signatures. In September 2023, the North Hawai'i Hospice executive director provided a signed letter of support granting official permission for implementing the practice inquiry project (see Appendix E).

Project Timeline

The planned timeline for the practice inquiry project guided the major phases and activities executed throughout the intervention phase. The project had four fluid phases: planning and preparation, active self-care journal intervention, data analysis, and dissemination.

Figure 6

Planned Timeline of the Practice Inquiry Project.



Note. The stages and timeline of the practice inquiry project, as projected by the Project Lead, were shared with the North Hawai'i Hospice in September 2023.

Phase One

After the initial agreement by the executive director for North Hawai'i Hospice to participate as the practice inquiry project location, the Memorandum of Agreement was completed in May 2023. In September, the project lead joined the executive director and the clinical director at the organization to deepen the understanding of the perception of the hospice nurse's risks and needs. By September, the project lead presented the proposal to the practice inquiry project chair and committee member. All feedback from the chair and committee was

incorporated into the practice inquiry project. The practice inquiry project received the University of Hawai'i – School of Nursing Scientific Review Committee (SRC) approval in September. The project lead submitted the manuscript for evaluation and participated in an oral proposal presentation. At the same time, the IRB application was submitted and received approval on October 27, 2023.

During September and October, the practice inquiry project timelines and activities were shared, discussed, and finalized with the executive director. The educational in-service presentation was developed and completed. The questionnaire evaluating the educational in-service and the project closure evaluation questionnaire was drafted and finalized in October.

In October and November, the project lead utilized Survey Monkey's online survey platform, initializing and uploading the consent forms, the educational in-service knowledge check, the ProQOLv.5 survey, and the project evaluation questionnaire. Lastly, North Hawai'i Hospice provided the nurses' email addresses, and the project lead prepared the introductory email. In November, the project lead provided the executive director with the recruitment flyer for distribution, and the Silk and Sonder journals were ordered.

In November, the final details for the project were completed, including scheduling the first meeting for the last week of November. The executive director and clinical director communicated to the potential participating nurses about the planned project opening for December. The project lead prepared the catering, the self-care journals, and the finalized documents, as well as prepared for the intervention.

Phase Two

The intervention phase was initiated in the last week of November, and the project's specific details were shared during a staff meeting. All nurses were emailed a link to an online

survey platform the morning of the educational in-service. The educational in-service on compassion fatigue was completed via a PowerPoint presentation. Following the presentation, all nurses were encouraged to open the emailed Survey Monkey link, where the nurses were prompted to create an anonymous identifier. After creating an identifier, the platform proceeded to the first page containing information about the project and an informed consent form. Nurses agreed to the consent forms and proceeded to a 5-question knowledge check of the educational in-service. The next document in the link was the pre-intervention ProQOLv.5 survey. Once the nurses completed this 30-question survey, a one-page overview of the project timeline was provided.

Due to confidentiality concerns, all nurses at the meeting were given the monthly self-care journal each month, regardless of whether they chose to participate in the project. At the end of December, the project lead delivered the January Silk and Sonder journals, providing a second monthly journal for all nurses. Over the course of the two months of the intervention phase, the clinical director was available to the nursing staff to provide support, identify concerns, and encourage use.

During the last week of January, the intervention phase of the practice inquiry project was completed. At the monthly February staff meeting, the nurses were thanked for their participation and given the opportunity to provide feedback. A link was emailed to all the nurses, with the first document being a letter from the project lead thanking them for their participation and encouraging them to continue the path of self-care. Secondly, they were asked to complete the post-intervention ProQOLv.5 survey using their anonymous identifier created at the first meeting. The last document was an opportunity for overall project evaluation and to provide feedback about the journal, their perception of its helpfulness, and whether the organization

should continue with self-care initiatives. The nurses were given February journals for continued use throughout the month as they were encouraged to complete the post-intervention survey.

Phase Three

The data analysis was completed in the first part of March. The educational in-service data was analyzed to determine nurses' knowledge of compassion fatigue concepts. Descriptive data was used to summarize trends. Raw survey data from ProQOLv.5 pre- and post-surveys was entered into statistical software and analyzed. Three Wilcoxon-Signed Rank tests analyzed differences in compassion satisfaction, burnout, and secondary traumatic stress. The post-intervention evaluation was reviewed for project feedback and leadership recommendations for future self-care endeavors.

Phase Four

Phase 4 concluded the project's data dissemination. A meeting with the executive director was completed on March 14, 2024, to share the initial findings of the data, as she planned to retire from the organization after 16 years on March 18, 2024. In March, the project lead offered to share the findings with a new incoming executive director and the clinical director and discuss the implications for the organization. The project lead completed a presentation of the overall results of the project on April 4, 2024. The new executive director accepted the offer for the project lead to author an article for North Hawai'i Hospice's annual fall newsletter.

Project Budget

The practice inquiry project budget was estimated at $4500, with the project lead as the sole funding source. Two monthly Silk and Sonder wellness journal costs were estimated at $100 per item for fifteen nurses and aides, the executive director and clinical director, and additional

clinical staff, totaling $2200. With a discount for a quarterly subscription, the actual cost was $1100. The online survey platform costs were estimated at $200, and the actual costs were $500, while high-quality print costs were estimated at $200, and actual costs were $175. A healthy lunch costing an estimated $250 each was provided for the opening meeting to demonstrate one modality of self-care: a consciously nourishing meal aligned with the theme of the self-care project. However, lunch was not provided at the organization's request at the last meeting. Next, a $200 budget was included to create the ambiance of a self-care environment in an appealing and calming environment for the opening and concluding meetings, which included self-care items, journal presentation items, and décor. The project lead's travel expenses to North Hawai'i Hospice in Waimea were estimated at $300 for eight round trips.

The last and most important budget item was an in-kind donation to the Greg LaGoy Memorial Fund at Hospice Maui. The donation will honor the past mentorship relationship between the previous Chief Operating Officer, Greg LaGoy, Katherine Werner Brooks, the North Hawai'i executive director, and the project lead before his sudden death in 2022. The in-kind donation will acknowledge Greg Lagoy's legacy of supporting and mentoring nursing leadership in organizations that acknowledge heart-centered transcendent relationships between nurses and their patients and his long-standing engagement with organizations that honor the sacred work of delivering compassionate care to the dying. The date of the donation and presentation is yet to be determined.

Table 1

Compassion Fatigue Practice Inquiry Project Budget

Expenditure	Rationale	Cost
Silk and Sonder Journals Deluxe Starter Kit	15 – Nurses and Nurse Aides 6 – Interdisciplinary Team Members 1 – executive director $100/each	$2200
Survey Monkey Subscription	Online Survey Platform	$200
Printing Expenses	Costs for high-quality printing of Recruitment flyers and Compassion Fatigue presentation	$100
Caterer for opening and concluding staff meetings	To demonstrate a modality of self-care with healthy nourishment	$500
Staff meeting items, including flowers, self-care items, paper products, notepads, and pens	To establish the importance of self-care through the awareness of the ambiance and environment	$200
Travel expenses	Project lead travel from home to North Hawai'i Hospice at least six trips	$300
In-kind donation to Greg LaGoy Memorial Fund	To honor the connection between the executive director and Project lead's shared hospice mentor whose legacy is heart-centered organizations	$1000
Total Estimated Project Cost		$4500

Note. The estimated practice inquiry project projections for related costs.

Chapter Four: Results

Data Analysis

The project's overall purpose was to evaluate the impact of a self-care journal on community hospice nurses, with an expected increase in compassion satisfaction and a decrease in compassion fatigue subscales of burnout and secondary traumatic stress. Five out of ten potential nurses completed all pre- and post-intervention evaluations and fulfilled the requirements for project data collection.

The data analysis findings are presented in the following chapter. Frequencies and percentages were used to summarize the trends in the nominal-level variables, including Aim One and Aim Three. A series of Wilcoxon-Signed Rank tests were conducted using IBM SPSS (Version 27) to assess for changes in compassion satisfaction, burnout, and secondary traumatic stress. Statistical significance was evaluated at the generally accepted level, $\alpha < .05$.

The first aim of this project was to ensure that hospice nurses at North Hawai'i Hospice were knowledgeable regarding compassion fatigue. Following the educational in-service, this aim was assessed with a knowledge evaluation. The project used descriptive statistics to collate the educational in-service knowledge check data. The in-service evaluation results were summarized to indicate the nurse's knowledge about compassion fatigue.

Aim Two was to evaluate compassion fatigue using the ProQOL v.5 surveys pre- and post-intervention subscales of compassion satisfaction, burnout, and secondary traumatic stress. Inferential statistical analysis was used to analyze the data for Aim Two. The Wilcoxon signed-rank test was performed on raw survey scores obtained from the pre-and post-ProQOLv.5 surveys, utilizing IBM SPSS software (Version 27). This statistical analysis method compared

the medians of the data rather than the means to enhance the validity and reliability of data, as with small sample sizes, the mean data may reflect outliers.

Lastly, Aim Three evaluated the nurses' perception of organizational support for the prevention of compassion fatigue, which was assessed with a post-intervention survey questionnaire using a Likert scale. Following data collection, descriptive analysis methods were used to determine the project results. The findings from the questionnaire were presented using a categorical scale to measure agreement and disagreement to reflect the utilization of the journals, the perceived value of the journals, and whether the organization should continue self-care initiatives in the future.

Descriptive Statistics

The first aim was to educate nurses at North Hawai'i Hospice regarding compassion fatigue, its impact on nurses, and the nurse-patient relationship. The data collection methodology for the first aim consisted of knowledge check items following the educational presentation. The nurses predominantly responded correctly to the knowledge check questions, with twenty-three out of twenty-five correct answers. All nurses *(n* = 5, 100.00%) answered correctly in defining compassion fatigue, understanding compassion satisfaction, and the impact that compassion fatigue may have on the quality of patient care. Two nurses *(n* = 1, 20.00%) responded with one incorrect answer out of five, indicating compassion fatigue did not have any physical symptoms, and the second nurse incorrectly identified the symptoms of compassion fatigue. Table 2 presents the findings of the knowledge check items.

Table 2

Frequencies and Percentages for Knowledge Check Items

Variable	*n*	*%*
Knowledge check #1: The definition of Compassion Fatigue is best described as:		
Loss of ability to be caring and compassionate due to emotional exhaustion	5	100
Knowledge check #2: What is the difference between Compassion Fatigue and Burnout?		
Compassion Fatigue does not have physical symptoms.	1	20
In their origin, burnout is from work circumstances, while Compassion Fatigue originates from challenging patients.	4	80
Knowledge check #3: Which do not reflect the symptoms of Compassion Fatigue?		
Feeling sadness, numbness, disconnected, anxiety	1	20
Feeling excited to have time off work during the holidays	4	80
Knowledge check #4: What is Compassion Satisfaction?		
Positive emotional state, sense of fulfillment, meaning or purpose	5	100
Knowledge check #5: A nurse experiencing unresolved Compassion Fatigue is at greater risk of providing less quality care to patients.		
True, nurses experiencing Compassion Fatigue have less quality	5	100

For Aim Three, to have North Hawai'i hospice nurses perceive organizational support with the self-care intervention, the evaluation consisted of five questions with a Likert scale to determine the usefulness of the self-care journals presented in Table 3. Most nurses disagreed (n = 4, 80.00%) that they used the self-care journals on a daily or weekly basis. This data contradicted the additional survey questions number 2 and 3 regarding their experience of the self-care journals and their use of the specific features within the journal. A majority of nurses (n = 3, 60.00%) agreed, with one nurse (n = 1, 20.00%) strongly agreeing. In contrast, one nurse (n = 1, 20.00%) disagreed that the self-care journals made them more aware of compassion fatigue prevention (Table 3). Most of the sample (n = 3, 60.00%) agreed they used the self-care journal prompts, habit tracking, progress monitoring, or activities, with one additional nurse strongly

agreeing (*n* = 1, 20.00%). One nurse (*n* = 1, 20.00%) disagreed that they used the journal (Table 3). All nurses (*n* = 5, 100.00%) either agreed *(n* = 3, 60.00%) or strongly agreed *(n* = 2, 40.00%) that the self-care journals were relevant to addressing self-care needs as a hospice nurse (Table 3). All nurses (*n* = 5, 100.00%) strongly agreed that the organization should continue to have initiatives supporting self-care. Frequencies and percentages for the responses to the self-care journal evaluation items are presented in Table 3.

Table 3

Frequencies and Percentages for Self-Care Journal Evaluation Items

Variable	*n*	*%*
Evaluation 1: Did you use the self-care journals on a daily or weekly basis?		
Disagree	4	80
Strongly agree	1	20
Evaluation 2: Do you feel the self-care journals made you more aware of ways to prevent compassion fatigue?		
Disagree	1	20
Agree	3	60
Strongly agree	1	20
Evaluation 3: Did you use the self-care journal prompts, habit tracking, progress monitoring, or activities?		
Disagree	1	20
Agree	3	60
Strongly agree	1	20
Evaluation 4: Do you feel the self-care journals were relevant to addressing self-care needs as a hospice nurse?		
Agree	3	60
Strongly agree	2	40
Evaluation 5: Do you feel the organization should continue to have initiatives supporting self-care?		
Strongly agree	5	100

Inferential Analysis

Aim Three was for North Hawai'i Hospice nurses to use the Silk and Sonder self-care journal for two months and evaluate the impact on their perception of compassion fatigue. The

ProQOLv.5 was used to measure compassion satisfaction, burnout, and secondary traumatic stress for five participants. An analysis was completed using the raw data from the ProQOL v.5 surveys to assess differences in pre-and-post-intervention survey scores using IBM SPSS (Version 27). This analysis involved Wilcoxon-Signed Rank tests for each compassion satisfaction, burnout, and secondary traumatic stress subscale. Table 4 presents the findings of the Wilcoxon-Signed Rank tests for each subscale with the mean and median scores.

Table 4

Wilcoxon-Signed Rank Tests for Compassion Satisfaction, Burnout, and Secondary Traumatic Stress

Variable	Pre-Intervention Survey (Pretest)		Post-Intervention Survey (Posttest)			
	M	*Median*	*M*	*Median*	*Z*	*P*
Compassion satisfaction	38.60	40.00	41.80	40.00	-0.74	.461
Burnout	25.60	28.00	22.20	23.00	-1.46	.144
Secondary traumatic stress	28.60	30.00	24.80	25.00	-2.06	.039*

*Note: *P < .05 – statistically significant, M – mean, Z – Wilcoxon Signed Rank*

The Wilcoxon-Signed rank test finding was not statistically significant for compassion satisfaction (Z = -0.74, p = .461), indicating no significant change in compassion satisfaction scores following the intervention. However, it is worth noting that compassion satisfaction scores slightly increased between the pre-intervention survey (M = 38.60; *Median* = 40.00) and the post-intervention survey (M = 41.80; *Median* = 40.00). Figure 7 shows the mean and median scores for the first subscale of compassion satisfaction.

Figure 7

Median Compassion Satisfaction Scores Between the Pre-intervention Survey (pretest) and the Post-intervention Survey (posttest).

Figure 8 shows the mean and median scores for the burnout subscale. The Wilcoxon-Signed rank test finding was not statistically significant for burnout (Z = -1.46, p = .144), indicating no significant change in burnout scores following the intervention. However, it is worth noting that burnout scores slightly decreased between the pre-intervention survey (M = 25.60; *Median* = 28.00) and the post-intervention survey (M = 22.20; *Median* = 23.00).

Figure 8

Median Burnout Scores Between the Pre-intervention Survey (pre-test) and the Post-intervention Survey (posttest).

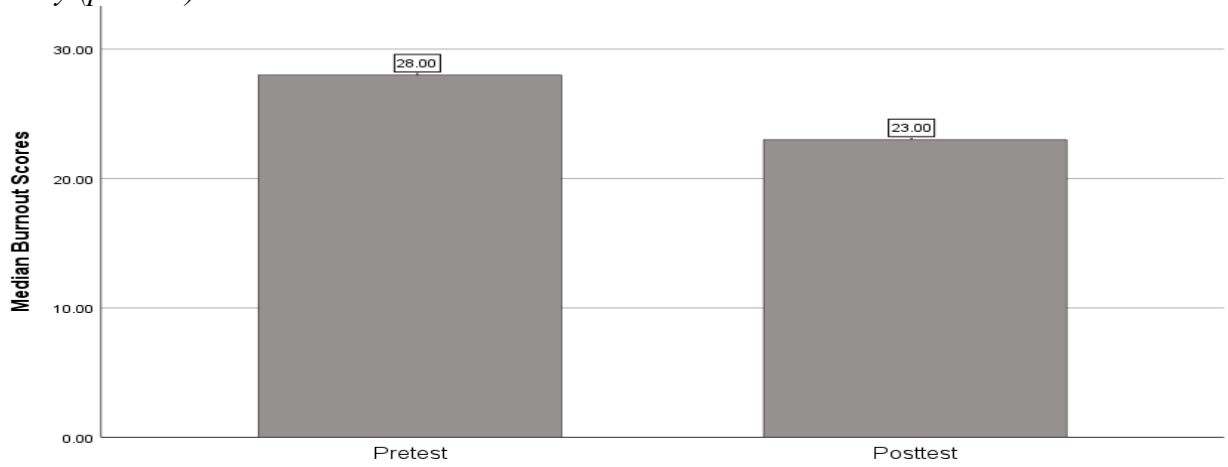
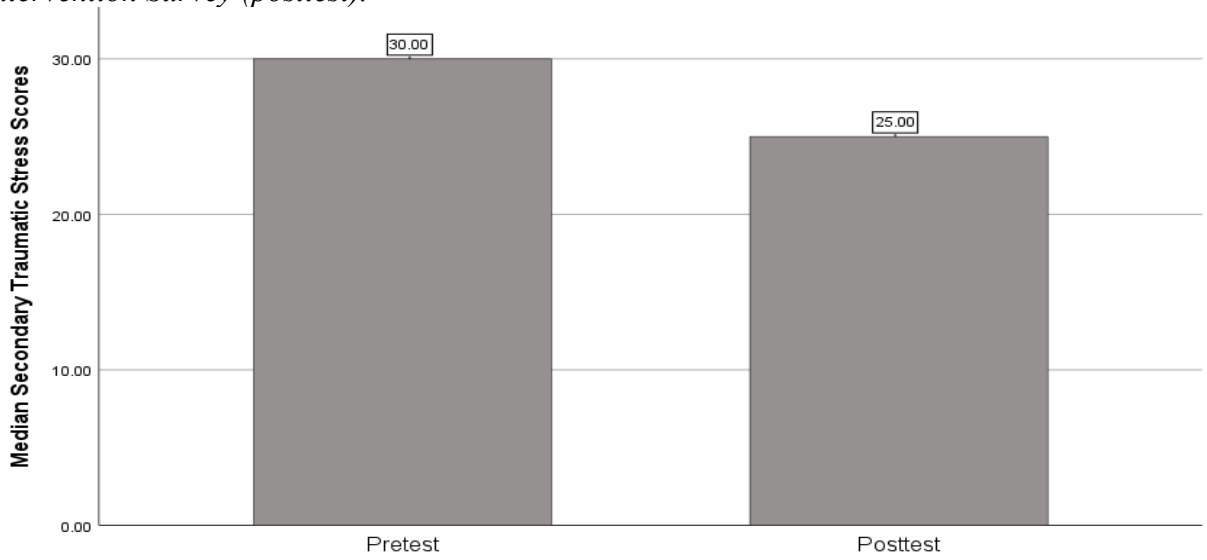


Figure 9 reflects the mean and median scores for the last subscale of secondary traumatic stress. The findings of the Wilcoxon-Signed rank test were statistically significant for secondary traumatic stress (Z = -2.06, p = .039), indicating a significant change in secondary traumatic stress scores following the intervention. Secondary traumatic scores significantly decreased between the pre-intervention survey (M = 28.60; *Median* = 30.00) and the post-intervention survey (M = 24.80; *Median* = 25.00).

Figure 9

Median Secondary Traumatic Stress Scores Between Pre-intervention Survey (pretest) and Post-intervention Survey (posttest).



According to Stamm (2010), the next step is to place the ProQOL subscale scores into low, moderate, or high threshold categories. The scores for the five nurses were converted to low, moderate, and high threshold categories according to the ProQOL manual (Stamm, 2010). The category thresholds and findings of the categories are presented in Table 5.

As reflected in Table 5, 60% (n=3) of the nurses' scores reflected their compassion fatigue risk as moderate in pre- and post-intervention surveys. Forty percent of the nurses rated their compassion fatigue as high pre- and post-intervention. For secondary stress, 40% (n=2) of the nurses indicated their stress was low for both the pre-and post-survey scores. Sixty percent

indicated their secondary stress was moderate for both surveys. For burnout levels, 80% (n=4) indicated moderate burnout at pre-intervention, but this decreased to 60% (n=3) of the nurses post-intervention. The post-intervention survey results showed that one nurse, 20.00% (n=1), lowered her categorical risk level from moderate to low, with a total of two nurses, 40.00% (n=2), showing low burnout levels after the intervention, as reflected in Table 5.

Table 5

Frequencies and Percentages for Compassion Satisfaction, Burnout, and Secondary Traumatic Stress Levels

Variable	Pretest		Posttest	
Risk Threshold Categories	*n*	*%*	*n*	*%*
Compassion satisfaction levels				
Low (22 or less)	0	0	0	0
Moderate (Between 23 and 41)	3	60	3	60
High (42 or more)	2	40	2	40
Burnout levels				
Low (22 or less)	1	20	2	40
Moderate (Between 23 and 41)	4	80	3	60
High (42 or more)	0	0	0	0
Secondary traumatic stress levels				
Low (22 or less)	2	40	2	40
Moderate (Between 23 and 41)	3	60	3	60
High (42 or more)	0	0	0	0

Summary of Data

In summary, the collected data shows that nurses knew the definitions, signs, and symptoms of compassion fatigue following the educational presentation. In the post-intervention evaluation, although the nurses did not report using the self-care journals regularly, the subsequential question reflected that they agreed to use the self-care journal features. Nurses

agreed that the self-care journals contributed to their awareness of compassion fatigue and responded that they felt it was important for the organization to have self-care initiatives.

Chapter Five: Implications for Practice, Recommendations, and Conclusions

The following chapter reflects on the project's purpose and aims by discussing the results of implementing self-care journals in a community hospice. After understanding the literature review, the project's results will be discussed, followed by implications for practice, strengths and limitations, and recommendations. Lastly, plans for dissemination of the findings are outlined.

The purpose of this project was to engage community hospice nurses on the emerging professional concern of compassion fatigue. The project was designed with three aims: to educate nurses on the definition and indicators of compassion fatigue, to evaluate their levels of compassion fatigue before and after utilizing a self-care journal for two months, and to determine their perception of organizationally endorsed support for self-care initiatives. The evaluation methods included a knowledge check, a ProQOL v.5 pre- and post-intervention survey, and a post-intervention evaluation questionnaire. All three survey items were administered via the online tool Survey Monkey.

Discussion of Results

The theoretical model in this project suggests that the nurse-patient relationship is essential to the act of caring, focusing on patient engagement, relationship development, and spirituality within professional engagement (Watson, 2012). Compassion fatigue puts nurses at risk of emotional exhaustion, struggling to connect to patients and the purpose of their work. With the nurse-patient relationship as the profession's foundation, compassion fatigue must be addressed as a professional concern in organizations providing end-of-life care (Coetzee & Klopper, 2010; Mills et al., 2018; Sabo, 2006). With North Hawai'i Hospice as the provider of

community end-of-life care in the community, hospice nurses are at risk of compassion fatigue, which could impact the nurse-patient relationship and opportunity for healing.

Aim One

The first aim of this project was to educate and assess the level of knowledge among nurses at North Hawai'i Hospice regarding the concepts of compassion fatigue and how it manifests in the nurses who provide care. Following the educational presentation, nurses completed a five-question knowledge check, and the results indicated that the nurses demonstrated a competent understanding of compassion fatigue. The majority of nurses were able to accurately identify the specific behaviors associated with compassion fatigue, burnout, and secondary traumatic stress. During the project, two nurses mistakenly identified symptoms of compassion fatigue. In the questionnaire, one nurse stated that compassion fatigue did not have physical symptoms, while in an exception-type question, the second nurse incorrectly identified symptoms of compassion fatigue. Nurses can cultivate a more profound comprehension of this concept by enhancing their understanding through continued learning opportunities and effectively applying their knowledge. Overall, the nurses were correct in twenty-three of twenty-five questions, demonstrating an understanding of compassion fatigue.

Continued learning is consistent with the developing body of knowledge regarding compassion fatigue over the past twenty years as new evidence emerges regarding healthcare professionals' psychological wellness. Although Figley (1995) described the phenomenon, he did not integrate the complexity of the nurse-patient relationship as Sabo (2006) described it to include a mutual transpersonal relationship. In 2010, Stamm published the second edition of the ProQOLv.5 survey as a validated tool to evaluate compassion fatigue using subscales of compassion satisfaction, burnout, and secondary traumatic stress. In the last several years, the

awareness of the psychological well-being of nurses has continued to be of utmost importance as prevention strategies continue to be researched and reported in the literature. In the efforts to prevent compassion fatigue, nurses must remain current in the evidence describing how compassion fatigue can impact nurses in the quality of their relationships and patient care.

Aim Two

The project's second aim was for nurses at North Hawai'i Hospice to use a self-care journal for two months and evaluate the impact on their perception of compassion fatigue. The first objective was for the nurses to be willing to engage in the use of the journal. Out of ten possible nurse participants, five nurses consented to participate in the project, demonstrating a positive response from the nurses. The second objective was for nurses to complete the pre-and post-intervention ProQOLv.5 survey to compare the perception of compassion fatigue using the subscales of compassion satisfaction, burnout, and secondary traumatic stress using the online survey platform Survey Monkey. With half of the organization's nurses willing to participate, five completed the pre-test and post-intervention surveys, reflecting a positive follow-through. The results of the pre-post surveys were paired tests and analyzed using the Wilcoxon signed rank test, which considered the median of the results to accommodate for outliers. Comparisons of the pre-and post-intervention median and mean results were placed in low, moderate, and high categories, as Stamm (2010) recommended for ease of understanding and interpretation.

Compassion Satisfaction Subscale Results

The results of the first subscale, compassion satisfaction, indicated that the nurses at North Hawai'i Hospice experienced moderate or high levels of compassion satisfaction. According to Stamm's (2010) ProQOL manual, compassion satisfaction is defined as "the pleasure derived from being able to do your work well" (p. 12). Table 5 reflects the categories of

this scale, while Table 4 reports the pre-and post-intervention mean and median scores. The median scores did not change categorically with the intervention measured by the pre-post surveys, indicating little impact from the intervention (see Table 4). It may be interpreted that the participating nurses were not suffering from a lack of compassion satisfaction, reflecting positively on their ability to contribute and feel like they make a difference in their daily work (Stamm, 2010).

Burnout Subscale Results

The second subscale measured with the ProQOLv.5 was burnout, in which all five nurses reported moderate or low levels of burnout in the post-intervention survey. As the ProQOL manual explains, if the burnout score is less than 23, one likely has "positive feelings about your ability to be effective in your work" (Stamm, 2010, p. 28). Table 5 reflects the categories of this scale, while Table 4 reports the pre-and post-intervention mean and median scores. As reflected in Table 4, the post-intervention ProQOL v.5 survey evaluation had a median score of 23, down from 28, and a mean score of 22.2 for the five participants. These results, as reflected in Table 5, show one additional nurse reducing her score, which resulted in a category change from moderate to low burnout following the intervention. Although the results were not statistically significant, the decreased burnout scores are worth noting. The sum of the burnout questions indicating a high level of burnout is over 42, with none of the nurses having scores close to this high-risk range. The score results indicated that none of the nurses were evaluated as having high levels of burnout, as in the pre-post-intervention survey results. These results may be interpreted as the nurses were not experiencing high levels of burnout. Therefore, the impact of the intervention was subtle and, although not statistically significant, made a difference for one participant.

Secondary Traumatic Stress Subscale Results

The last subscale to contribute to the ProQOL v.5 compassion fatigue scale was that of secondary traumatic stress. Stamm (2010) defines secondary traumatic stress as secondary work-related exposure to stressful or traumatic events. Table 5 reflects the categories of this scale, while Table 4 reports the pre-and post-intervention mean and median scores. The median secondary traumatic stress pre-intervention was 30, followed by a post-intervention sum of 25. At the same time, the mean results included a pre-intervention score of 28.6 and a post-intervention mean score of 24.8. The findings for this subscale were statistically significant, with a p value of 0.039. The p value means that a notable reduction for the five nurses was significant, indicating that the intervention may have contributed to a nurse's ability to optimize their emotional response to the suffering they may witness.

Overall, Stamm (2010) indicated that the categories used are described as overly inclusive. The ProQOL v.5 manual outlined how the survey is commonly used as a risk screening tool for professional individuals or groups. The categories used to estimate risk are designed for the results to overinflate the risk, leading to more professionals being identified for supportive interventions versus an underestimated risk, which may lead to less support for helping professionals who may need it (Stamm, 2010). The ProQOL manual offers combined interpretation using the three subscales of compassion satisfaction, burnout, and secondary traumatic stress to define highly or less favorable combinations of the subscale categories (Stamm, 2010). The most favorable combination of subscales includes high levels of compassion satisfaction, moderate to low burnout, and secondary traumatic stress (Stamm, 2010). This outcome reflects the most favorable result and the least risk for compassion fatigue, indicating that the individual receives positive reinforcement from their work (Stamm, 2010). They do not

have any significant concerns about feeling overwhelmed or being unable to perform effectively in their role without significant fears stemming from their work (Stamm, 2010). These individuals may find value in engaging with others, pursuing opportunities for further education, and seeking avenues for personal growth within their current position (Stamm, 2010). The participants' results indicated that two out of five nurses fell within the most favorable category, with the remaining three in the category of moderate levels of compassion fatigue, moderate to low burnout, and secondary traumatic stress. The results indicated that the nurses participating in the project were not identified as having a high risk for compassion fatigue.

Aim Three

Lastly, the post-intervention project evaluation met the third aim, with nurses acknowledging that the organization endorsed the interventions, resulting in perceived organizational support for self-care measures. The evaluation comprised five Likert scale questions to rank aspects of the self-care journals and the project. The first question reflected a less than optimal use of the journals, with four nurses sharing that they did not use the journals on a daily or weekly basis, as referred to in Table 4. Despite the reported lack of utilization in the first question, four of five nurses responded to the third question that they had used the journals for prompts, habit tracking, progress monitoring, and activities. Additionally, four nurses responded that the journals improved their awareness of ways to prevent compassion fatigue (see Table 4). All nurses agreed that the journals were relevant to addressing self-care, and all agreed that the organization should continue with initiatives to support self-care (see Table 4). Although the response to the first question reflected less than optimal utilization of the self-care journal, it could be understood as a misinterpreted question because most nurses reported partial use, and all agreed to the relevance of the self-care journals. Due to the variety of self-care activities, it is

essential to note that although this initiative may not have met all the participant's needs, the participants' strong support of the self-care journals indicated the support for continued organizational initiatives regarding compassion fatigue. Continued engagement with compassion fatigue is corroborated in the literature that organizations need to support their nurses' health to continue engaging in a compassionate nurse-patient relationship to create transformative patient opportunities (Sabo, 2006; Watson, 2012). Organizations and nurses who continue to engage in the most recent evidence-based compassion fatigue prevention strategies are more likely to experience optimal preventative outcomes.

Summary of Results

In summary, North Hawai'i Hospice participating nurses responded with a baseline competency in understanding compassion fatigue and how nurses can be affected. Despite being high-risk, the nurses demonstrated encouraging results. They were not surveyed as having high levels of compassion fatigue as measured by the subscales of compassion satisfaction, burnout, and secondary traumatic stress. The nurses had moderate to high levels of compassion satisfaction, showing little impact from the self-care journals. The intervention demonstrated no statistically significant improvement in burnout while demonstrating a statistically significant improvement in secondary traumatic stress. The nurses reported conflicting data regarding the uses of the journal. Still, they reported that the self-care journals brought awareness and were relevant in preventing compassion fatigue in hospice nurses. Lastly, they indicated that they did recognize the importance of organizational support and continued initiatives supporting self-care. These findings are consistent with the literature written by Mills et al. (2018), indicating that professionals and organizations must collaborate to create positive workplace cultures and eliminate barriers supporting self-care practices.

Implications for Practice

As the heart of healthcare, the nursing profession embodies caring and compassion in its delivery of patient care. Watson (2012) describes the nurse-patient relationship as a vital component in nurses facilitating the opportunity to heal, which can be transformative for patients. This project implies that nurses will be supported in their psychological well-being, as compassion fatigue is a risk for all professional nurses. The awareness of compassion fatigue and its impact on nurses delivering care is critical for nurses and organizations to prevent its adverse impacts on nurses and patients. For North Hawai'i Hospice, this project reaffirms the longstanding values of hospice, prioritizing compassionate care of patients as they intentionally extend these values to the care of the nurses. Although the executive director of 16 years retired near the end of the project, the organization's strength is reflected by the incoming leader's willingness to understand the deep-seated organizational values. The impact of this project is reflected in the leadership's willingness to carry forward the long-held values of compassion. Overall, this project reaffirms the longstanding values of prioritizing compassionate care for patients and intentional continuation to extend these values to nurses. Lastly, and most importantly, several nurses expressed an appreciation for the project's intention and shared at the closure meeting that the self-care journals made a personal difference for them after struggling with the intensity of caring for the dying.

Project Strengths

At its inception, one of the strengths of this project was the support of the leadership, who demonstrated a willingness to engage in the project, acknowledging the importance of organizational awareness of compassion fatigue as a professional concern. The executive director and clinical director easily resonated with the project's intent and embodied the professional

value of compassion. The first presentation to the clinical staff showed that nurses were interested in participating as it aligned with their lived experience of caring for the dying. Therefore, the second strength of this project was the engagement of the nurses. Despite the small number of potential research participants, the clinical director's support and encouragement to participate resulted in five nurses completing both the pre-and post-test evaluations, which allowed for meaningful data analysis. Lastly, the value of this project was demonstrated by the new leadership's willingness to explore ongoing strategies to mitigate compassion fatigue risk factors for community hospice nurses.

Project Limitations

One of the limitations of the project included no initial needs assessment to assess levels of compassion fatigue and the nurses' needs in the organization before determining the project's goals. A clear understanding of North Hawai'i Hospice nurses' self-care needs or the level of compassion fatigue may have contributed to a more impactful intervention. Secondly, an additional limitation of this project was the organization's small size, which lessened the number of potential participants. Despite the organization having additional clinical staff, the literature reviewed commonly referred to the profession of registered nurses. An additional project limitation was the lack of literature and evidence demonstrating the most effective compassion fatigue activities, as numerous approaches to meaningful self-care exist.

Further, a more extended intervention phase may have allowed for more engagement of the self-care journals, with more nurses utilizing the journal had the intervention phase been longer. The challenges with the timing of the intervention being limited to December and January may have contributed to the limited use of the self-care journals. Lastly, an important project limitation could have been the nurses who did not consent or participate in the project.

The nurses may have been suffering from compassion fatigue, causing them to disengage and lack the emotional capacity to participate in the project.

Recommendations

The project recommendations include continued research in compassion fatigue to evolve evidence-based care strategies to lessen the risk to nurses. The interdisciplinary nature of healthcare may also offer an opportunity for interdisciplinary research involving professions such as social work and spiritual care. Future research should be designed using a larger sample of nurses to considerably improve the validity and reliability of the results. Nurses need to increase their awareness of compassion fatigue and engage in self-care activities to preserve the transpersonal nurse-patient relationship. At the same time, organizations should be encouraged to integrate consistent and periodic screenings to assess the needs of the nurses in high-intensity care settings. Organizations need continued strategic initiatives investing in the well-being of nursing professionals with dedicated practices to decrease the risks of compassion fatigue and support the development of compassion satisfaction. As Watson (2012) attempts to describe the complexity of the nurse-patient relationship, she indicates that for nurses to offer healing, they must be authentically engaged. If hospice values include the delivery of compassionate care, the nurses need support in the continued development of compassionate action as a continuous organizational initiative. Nurses should not be solely responsible for self-identifying compassion fatigue and mitigating the emotional risk of compassion fatigue due to the intense and authentic nurse-patient relationships.

Dissemination Plan

The findings of this project were shared with the executive director and the new incoming executive director as the organization transitions to new leadership after 16 years. On April 4th,

2024, the project lead presented the project and provided an overview of the results, including data on the categories of compassion fatigue and the impact of self-care journals. Based on the results of this project, North Hawai'i Hospice will include the project in the annual fall newsletter sent to the community they serve. Sharing the project as a reflection of their commitment to compassion through their newsletter reflects their values to the community they serve. Lastly, the manuscript for this project was submitted to the University of Hawai'i at Hilo's Molokini Library journal database repository, HOKU.

Conclusion

The foundation of the profession of nurses is based on care and compassion within the nurse-patient relationship. Nurses are at high risk for the emerging professional concern of compassion fatigue when measured with low levels of compassion satisfaction and high levels of burnout and secondary traumatic stress. When nurses and organizations are aware of the potential of compassion fatigue, self-care can mitigate the results. Based on the findings of the previous chapter, North Hawai'i Hospice plans to continue to engage the nurses in strategies to address this growing professional concern. North Hawai'i Hospice's willingness to implement this project exemplifies its commitment to embodying its values of providing compassionate care to its community. This project serves as an extension of that value, ensuring that nurses are supported in their ability to foster profound and meaningful relationships that can genuinely transform patients and their families at the end of life.

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Appendix A

Recruitment Flyer

Appendix B

Introduction to the Compassion Fatigue Practice Inquiry Project

My name is Janelle Todd-Hesse, and I am a family nurse practitioner student at the University of Hawai'i-Hilo. For my graduate project, I have chosen to educate hospice nurses on compassion fatigue and offer an 8-week self-care journal as an intervention to prevent and decrease symptoms of compassion fatigue. This study aims to evaluate the impact of this self-care journal on compassion fatigue for community hospice nurses.

The project will consist of using a self-care journal for two months. The beautifully crafted journal offers daily, weekly, and monthly calendar features and encourages thoughtful introspection, fostering mindfulness and self-awareness. Each month's carefully curated content covers many topics, such as goal-setting strategies, habit and mood tracking, journal prompts, gratitude practices, and prioritization techniques. Incorporating habit trackers helps users establish positive routines and track progress toward their goals effectively. The self-care journal contents are not a part of the project and at no time will they be reviewed or evaluated. The journal will remain in participant's possession throughout the project.

The project participation is completely voluntary, and the leadership at North Hawai'i Hospice intends to use the anonymous results to help guide future programs. An email link will be sent from Survey Monkey asking nurses to create an anonymous user-specific identifier (e.g., 04271978). Within the link, a consent form outlines the study parameters. Following the consent agreement, an initial survey will measure perceptions of compassion satisfaction and compassion fatigue, which should take approximately 30-45 minutes to complete.

At the conclusion of the project, an additional survey link for Survey Monkey will be emailed. You will need to enter the user-specific code that was initially created. To conclude the project, the survey should take 30-45 mins, followed by an evaluation of the project.

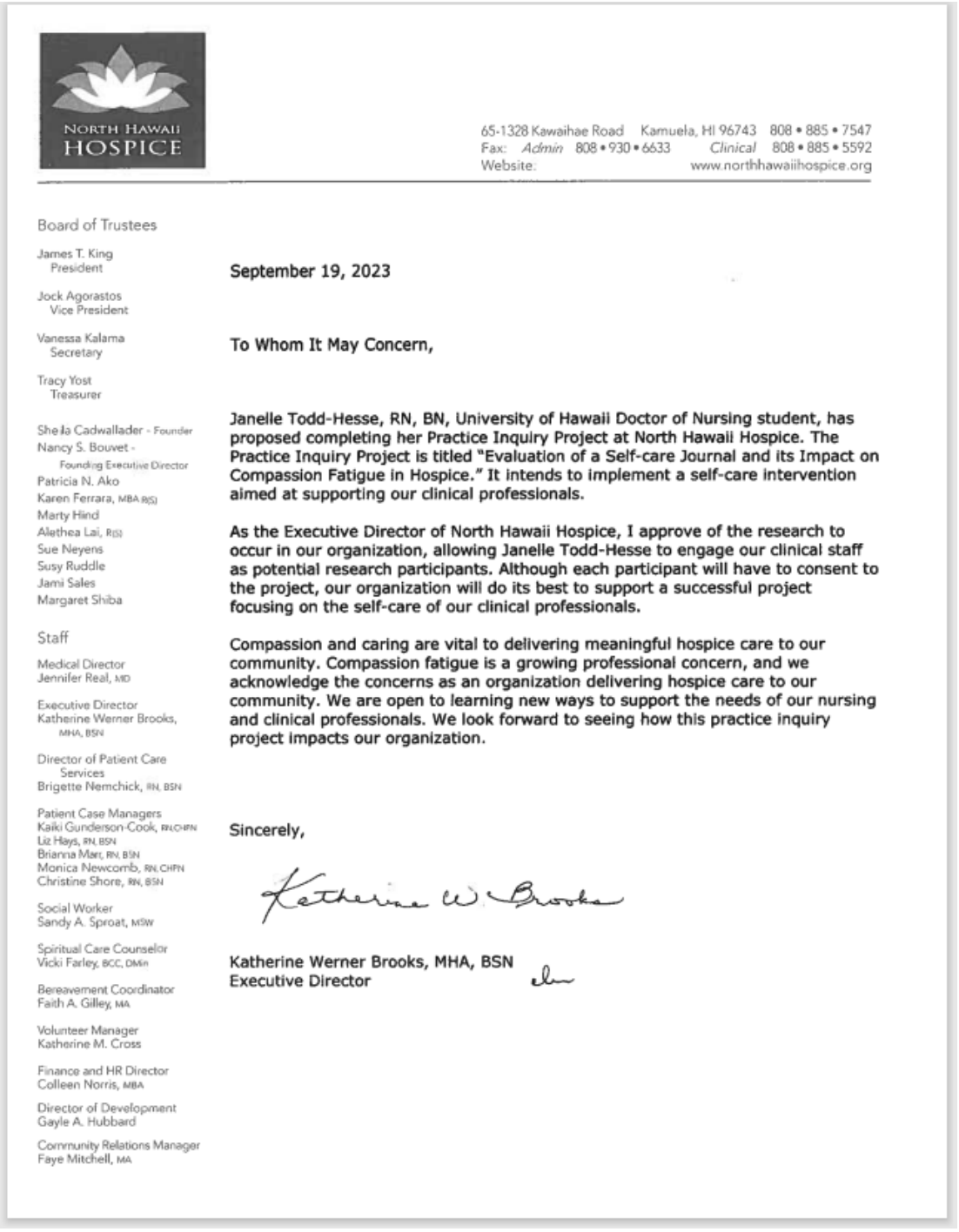
All results are anonymous, and only the group results will be shared with the leadership to indicate if the project intervention was effective. The hope is that the project positively impacts future interventions supporting nurses at North Hawai'i Hospice.

Lastly, and most importantly, thank you for the dedicated care you provide in service for our community, it does not go unnoticed. The willingness of hospice nurses to engage in intense emotional relationships is important for the organization's success and to meet its mission. I humbly ask you to participate in this survey to guide future initiatives.

Janelle Todd-Hesse, BN, RN
Jlth21@ Hawaii.edu or 808-281-3872
Doctor of Nursing Practice Student

Appendix C

Letter of Agency Support



NORTH HAWAII HOSPICE

65-1328 Kawaihae Road Kamuela, HI 96743 808 • 885 • 7547
Fax: *Admin* 808 • 930 • 6633 *Clinical* 808 • 885 • 5592
Website: www.northhawaiihospice.org

September 19, 2023

To Whom It May Concern,

Janelle Todd-Hesse, RN, BN, University of Hawaii Doctor of Nursing student, has proposed completing her Practice Inquiry Project at North Hawaii Hospice. The Practice Inquiry Project is titled "Evaluation of a Self-care Journal and its Impact on Compassion Fatigue in Hospice." It intends to implement a self-care intervention aimed at supporting our clinical professionals.

As the Executive Director of North Hawaii Hospice, I approve of the research to occur in our organization, allowing Janelle Todd-Hesse to engage our clinical staff as potential research participants. Although each participant will have to consent to the project, our organization will do its best to support a successful project focusing on the self-care of our clinical professionals.

Compassion and caring are vital to delivering meaningful hospice care to our community. Compassion fatigue is a growing professional concern, and we acknowledge the concerns as an organization delivering hospice care to our community. We are open to learning new ways to support the needs of our nursing and clinical professionals. We look forward to seeing how this practice inquiry project impacts our organization.

Sincerely,

Katherine W. Brooks

Katherine Werner Brooks, MHA, BSN
Executive Director

Appendix D

Memorandum of Agreement

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed by their duly authorized officers on the day and year first written above and effective as of the Effective Date.

AFFILIATE:

By: Katherine W. Brooks
Signatory

Katherine W. Brooks
Name of Affiliate Signatory

Executive Director
Title of Affiliate Signatory

Administration
Name of Affiliate Department/Division/Section

Date: 5/8/2023

UNIVERSITY:
UNIVERSITY OF HAWAI'I

By: _____
Signatory

Jeanette Ayers-Kawakami
Name of University Signatory

Director
Title of University Signatory

School of Nursing
Name of School or College

UH Hilo
Name of Campus

Date: 5/19/2023

By: Bonnie D. Irwin
Bonnie D. Irwin (May 24, 2023 13:58 PDT)
Signatory

Bonnie Irwin
Name of University Signatory

Chancellor
Title of University Signatory

UH Hilo
Name of School or College

Name of Campus

Date: May 24, 2023

Appendix E

Participant Consent Form

University of Hawai'i
Consent to Participate in a Research Project
Janelle Todd-Hesse, Student Investigator
Evaluation of Self-Care Journal Impact on Compassion Fatigue in Hospice

Aloha! My name is Janelle Todd-Hesse, and you are invited to participate in a research study. I am a graduate student at the University of Hawai'i at Hilo in the Nursing Department. This Practice Inquiry Project is part of my graduate Doctorate in Nursing Degree requirements.

What am I being asked to do?
If you participate in this project, you will have the opportunity to use a self-care wellness journal for two months. The journal and its contents are not a part of the data collection and will not be reviewed or evaluated at any time in the project. Participation will start with attending an introductory educational meeting and completing a questionnaire and a pre-intervention survey. After the project, you will be given the same post-intervention survey and be asked to evaluate the project.

Taking part in this study is your choice.
Your participation in this project is completely voluntary. You may stop participating at any time. If you stop being in the study, there will be no penalty or loss to you. Your choice to participate or not participate will not affect your employment in any way.

Why is this study being done?
My project aims to evaluate the effectiveness of a self-care journal on compassion fatigue, measured by compassion satisfaction, burnout, and secondary traumatic stress for hospice nurses.

What will happen if I decide to take part in this study?
Following the introduction and education meeting, you will be asked to create an anonymous ID and complete a 5-question evaluation. This will be followed by a pre-survey consisting of 30 questions that are answered on a 5-point rating scale of never to very often. It will take 30-45 minutes for both surveys. The survey questions will include questions like, "I feel as though I am experiencing the trauma of someone I have helped" or "I avoid certain activities or situations because they remind me of frightening experiences of the people I help." After the project, using your anonymous ID, you will be asked to complete the same survey and a questionnaire rating the project. You will take the same survey before and after the study intervention for data collection and comparison. The survey will be provided in an electronic online platform format.

What are the risks and benefits of taking part in this study?
There is little risk to you for participating in this research project. You may become stressed or uncomfortable answering any of the survey questions. If you become stressed or uncomfortable,

skip the question or take a break. You can also stop taking the survey or withdraw from the project altogether.

This project's results may help identify ways to manage compassion fatigue in community hospice nurses. The leadership at North Hawai'i Hospice will use the information to guide future interventions to support the professionals in the organization. There will be no direct benefit to you for participating in this survey.

Privacy and Confidentiality:
I will not ask you for personal information like your name or address. Please do not include any personal information in your survey responses. At no point in the project will any of the contents from the self-care journal be reviewed, evaluated, or used as data. I will keep all study data secure within the online survey platform and select to destroy the data promptly. Any data printouts will be kept in a locked filing cabinet in a locked office/encrypted on a password-protected computer. Only my University of Hawai'i advisor and I will have access to the information. The University of Hawai'i Human Studies Program has the right to review research records for this study. Other agencies that have legal permission have the right to review research records.

Compensation:
You will receive no compensation for your participation in this study.

Future Research Studies:
Even after removing identifiers, the data collected for this study will not be used or distributed for future research studies.

Questions:
If you have any questions about this study, I can be contacted by phone at 808-281-3872 or jlth21@hawaii.edu. You may also contact my faculty advisor, Dr. Diane Van Hoose, at (831) 625-7114 or dianev@hawaii.edu. You may contact the UH Human Studies Program at 808.956.5007 or uhirb@hawaii.edu to discuss problems, concerns, and questions, obtain information, or offer input with an informed individual unaffiliated with the specific research protocol. Please visit http://go.hawaii.edu/jRd for more information on your rights as a research participant.

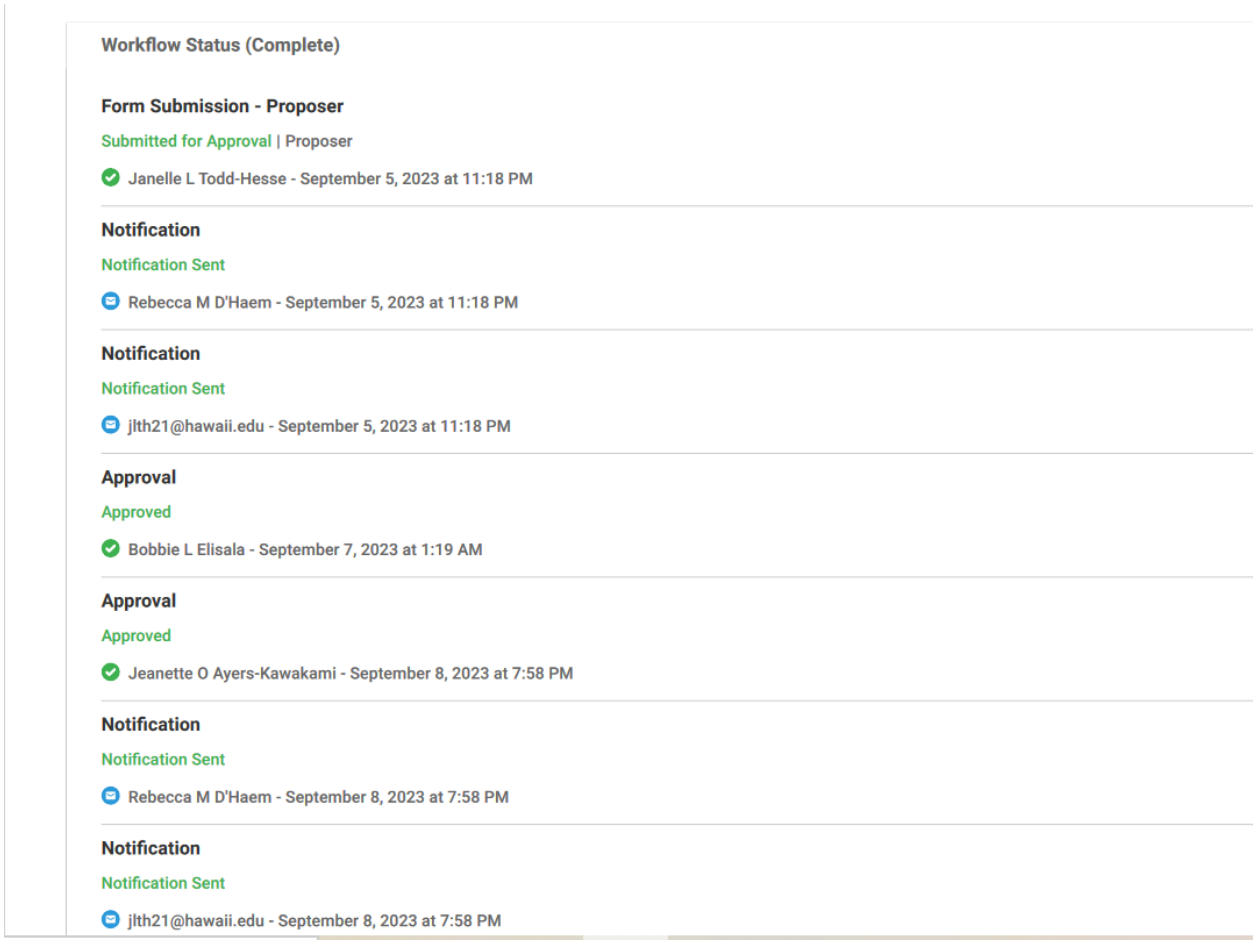
You will be asked to consent to participation in the project once you open the link to the online platform prior to starting the pre-intervention survey. If you would like a copy of the consent form, it can be copied and saved on your computer, or I can provide you with a copy.

Thank you kindly!

Janelle Todd-Hesse RN, BN
Doctor of Nursing Practice Student
University of Hawai'i at Hilo

Appendix F

The University of Hawai'i Office of Research Compliance Notice of Approval for Human Research



Workflow Status (Complete)

Form Submission - Proposer

Submitted for Approval | Proposer

Janelle L Todd-Hesse - September 5, 2023 at 11:18 PM

Notification

Notification Sent

Rebecca M D'Haem - September 5, 2023 at 11:18 PM

Notification

Notification Sent

jlth21@hawaii.edu - September 5, 2023 at 11:18 PM

Approval

Approved

Bobbie L Elisala - September 7, 2023 at 1:19 AM

Approval

Approved

Jeanette O Ayers-Kawakami - September 8, 2023 at 7:58 PM

Notification

Notification Sent

Rebecca M D'Haem - September 8, 2023 at 7:58 PM

Notification

Notification Sent

jlth21@hawaii.edu - September 8, 2023 at 7:58 PM

Appendix G

CITI Certification of Completion

CITI PROGRAM

Completion Date 18-Feb-2023
Expiration Date 18-Feb-2026
Record ID 54505196

This is to certify that:

Janelle Todd-Hesse

Not valid for renewal of certification through CME.

Has completed the following CITI Program course:

Human Subjects Research (HSR)
(Curriculum Group)
Non-Exempt Social & Behavioral Sciences Researchers and Key Personnel
(Course Learner Group)
1 - Basic Course
(Stage)

Under requirements set by:

University of Hawaii

CITI
Collaborative Institutional Training Initiative
101 NE 3rd Avenue, Suite 320
Fort Lauderdale, FL 33301 US
www.citiprogram.org

Verify at www.citiprogram.org/verify/?wbb5190af-7771-4141-ab80-eefd209373fd-54505196

Appendix H

Institutional Board Review Approval

UNIVERSITY of HAWAI'I SYSTEM

Office of Research Compliance
Human Studies Program

DATE:	October 27, 2023
TO:	Van Hoose, Diane, PhD, University of Hawaii at Hilo, School of Nursing Ayers-Kawakami, Jeanette, University of Hawaii at Hilo, School of Nursing, Todd-Hesse, Janelle, BA Nursing, DNP Student, University of Hawaii at Hilo, School of Nursing
FROM:	Rivera, Victoria, Dir, Ofc of Rsch Compliance, Social&Behav Exempt
PROTOCOL TITLE:	Evaluation of a Self-Care Journal and Its Impact on Compassion Fatigue in Hospice
FUNDING SOURCE:	None
PROTOCOL NUMBER:	2023-00716
APPROVAL DATE:	October 27, 2023

NOTICE OF APPROVAL FOR HUMAN RESEARCH

This letter is your record of the Human Studies Program approval of this study as exempt.

On October 27, 2023, the University of Hawaii (UH) Human Studies Program approved this study as exempt from federal regulations pertaining to the protection of human research participants. The authority for the exemption applicable to your study is documented in the Code of Federal Regulations at 45 CFR 46.104(d) 3.

Exempt studies are subject to the ethical principles articulated in The Belmont Report, found at the OHRP Website www.hhs.gov/ohrp/humansubjects/guidance/belmont.html.

Exempt studies do not require regular continuing review by the Human Studies Program. However, if you propose to modify your study, you must receive approval from the Human Studies Program prior to implementing any changes. You can submit your proposed changes via the UH eProtocol application. The Human Studies Program may review the exempt status at that time and request an application for approval as non-exempt research.

In order to protect the confidentiality of research participants, we encourage you to destroy private information which can be linked to the identities of individuals as soon as it is reasonable to do so. Signed consent forms, as applicable to your study, should be maintained for at least the duration of your project.

This approval does not expire. However, please notify the Human Studies Program when your study is complete. Upon notification, we will close our files

Appendix I

Education Inservice Evaluation

QUESTIONS 01	Answers
The definition of *Compassion Fatigue* is best described as:	A. Sense of frustration at workplace circumstances B. Loss of ability to be caring and compassionate due to emotional exhaustion C. A sense of depression, irritability or frustration at work D. Disliking the patients that a nurse is caring for at work
QUESTIONS 02	**Answers**
What is the difference between *Compassion Fatigue* and Burnout?	A. Burnout is when a nurse is feeling like she wants to quit. B. Compassion Fatigue does not have physical symptoms C. Burnout does not include reduced efficiency and productivity D. In their origin, Burnout is from work circumstances, while Compassion Fatigue originates from challenging patients
QUESTIONS 03	**Answers**
Which do not reflect the the symptoms of *Compassion Fatigue*?	A. Feeling sadness, numbness, disconnected, anxiety B. Feeling physical symptoms of lethargy, insomnia, or headaches C. Feeling angry or having increased negative responses D. Feeling excited to have time off work during the holidays
QUESTIONS 04	**Answers**
What is *Compassion Satisfaction*?	A. Feeling that the organization values a nurse's contributions B. Feeling satisfied with one's knowledge, expertise, or competence C. Positive emotional state, sense of fulfillment, meaning or purpose D. Engaging in self-care activities
QUESTIONS 05	**Answers**
A nurse experiencing unresolved *Compassion Fatigue* is at greater risk of providing less quality care to patients.	A. False, nurses always are capable of providing high quality care B. True, nurses experiencing Compassion Fatigue make more errors

Appendix J:

Professional Quality of Life Scale (ProQOL) v.5 Survey

Professional Quality of Life Scale (ProQOL)

Compassion Satisfaction and Compassion Fatigue
(ProQOL) Version 5 (2009)

When you *[help]* people you have direct contact with their lives. As you may have found, your compassion for those you *[help]* can affect you in positive and negative ways. Below are some-questions about your experiences, both positive and negative, as a *[helper]*. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the *last 30 days*.

1=Never	2=Rarely	3=Sometimes	4=Often	5=Very Often

_____ 1. I am happy.
_____ 2. I am preoccupied with more than one person I *[help]*.
_____ 3. I get satisfaction from being able to *[help]* people.
_____ 4. I feel connected to others.
_____ 5. I jump or am startled by unexpected sounds.
_____ 6. I feel invigorated after working with those I *[help]*.
_____ 7. I find it difficult to separate my personal life from my life as a *[helper]*.
_____ 8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I *[help]*.
_____ 9. I think that I might have been affected by the traumatic stress of those I *[help]*.
_____ 10. I feel trapped by my job as a *[helper]*.
_____ 11. Because of my *[helping]*, I have felt "on edge" about various things.
_____ 12. I like my work as a *[helper]*.
_____ 13. I feel depressed because of the traumatic experiences of the people I *[help]*.
_____ 14. I feel as though I am experiencing the trauma of someone I have *[helped]*.
_____ 15. I have beliefs that sustain me.
_____ 16. I am pleased with how I am able to keep up with *[helping]* techniques and protocols.
_____ 17. I am the person I always wanted to be.
_____ 18. My work makes me feel satisfied.
_____ 19. I feel worn out because of my work as a *[helper]*.
_____ 20. I have happy thoughts and feelings about those I *[help]* and how I could help them.
_____ 21. I feel overwhelmed because my case [work] load seems endless.
_____ 22. I believe I can make a difference through my work.
_____ 23. I avoid certain activities or situations because they remind me of frightening experiences of the people I *[help]*.
_____ 24. I am proud of what I can do to *[help]*.
_____ 25. As a result of my *[helping]*, I have intrusive, frightening thoughts.
_____ 26. I feel "bogged down" by the system.
_____ 27. I have thoughts that I am a "success" as a *[helper]*.
_____ 28. I can't recall important parts of my work with trauma victims.
_____ 29. I am a very caring person.
_____ 30. I am happy that I chose to do this work.

Appendix K

Professional Quality of Life Scale (ProQOL) v.5 Survey Permission to Use

Permission to Use ProQOL External Inbox ×

ProQOL Office <noreply@surveygizmo.com> Sat, Feb 11, 4:41 PM
to me

Thank you for your interest in the ProQOL.

The ProQOL measure may be freely copied and used, without individualized permission from the ProQOL office, as long as:
(a) You credit The Center for Victims of Torture and provide a link to www.ProQOL.org;
(b) It is not sold; and
(c) No changes are made, other than creating or using a translation, and/or replacing "[helper]" with a more specific term such as "nurse."

Because you have agreed that your use of the ProQOL follows the above criteria, the ProQOL Office at the Center for Victims of Torture grants you permission to use the ProQOL. Your recorded request is attached here as a PDF.

If you have any questions or comments, you can contact us at proqol@cvt.org. Note that unfortunately our capacity is quite limited, as this is a volunteer-run effort, but we will do what we can to respond within a couple of weeks.

Thank you!

The ProQOL Office
at The Center for Victims of Torture
proqol@cvt.org

One attachment • Scanned by Gmail ⓘ

Permission to Use the ProQOL

Thank you for your interest in using the Professional Quality of Life Measure (ProQOL). Please share the following information with us to obtain permission to use the measure:

Please provide your contact information:

Email Address

jlth21@hawaii.edu

Name

Janelle Todd-Hesse

Organization Name, if applicable

University of Hawaii - Hilo

Country

United States

Please tell us briefly about your project:

The proposed investigation is a descriptive comparison study with the purpose to compare the levels of compassion fatigue and compassion satisfaction pre and post an organizationally guided self-care program. The intervention will be that nurses at rural community based hospice will be provided a guided self-care program. A monthly journal will be an opportunity for self-discovery and reflection. Features include a calendar, journal prompting, intention setting, habit trackers, and coaching exercises. The ProQual will be instrumental in understanding the impact of the self-care journal on nurses self perception of compassion fatigue.

What is the population you will be using the ProQOL with?

Nurses in a rural community based hospice in Waimea, HI.

In what language/s do you plan to use the ProQOL?

Listed here are the languages in which the ProQOL is currently available (see https://proqol.org/ProQol_Test.html). If you wish to use a language not listed here, please select "Other" and specify which language/s.

English

The ProQOL measure may be freely copied and used, without individualized permission from the ProQOL office, as long as:

- **You credit The Center for Victims of Torture and provide a link towww.ProQOL.org;**
- **It is not sold; and**
- **No changes are made, other than creating or using a translation, and/or replacing "[helper]" with a more specific term such as "nurse."**

Note that the following situations are acceptable:

- **You can reformat the ProQOL, including putting it in a virtual format**
- **You can use the ProQOL as part of work you are paid to do, such as at a training: you just cannot sell the measure itself**

Does your use of the ProQOL abide by the three criteria listed above? (If yes, you are free to use the ProQOL immediately upon submitting this form. If not, the ProQOL office will be in contact in order to establish your permission to use the measure.)

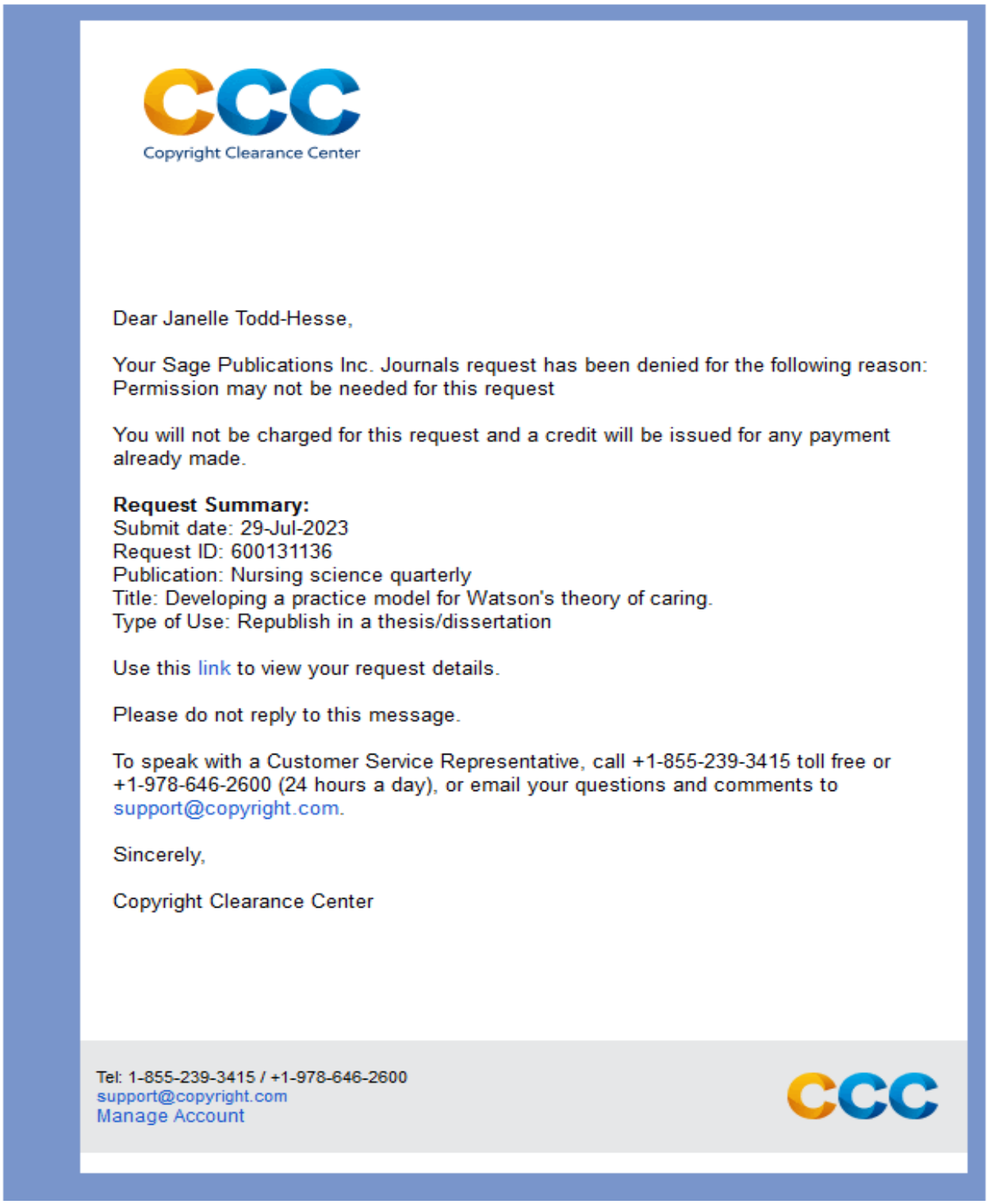
Yes

Thank you for your interest in the ProQOL! We hope that you find it useful. You will receive an email from the ProQOL office that records your answers to these questions and provides your permission to use the ProQOL.

We invite any comments from you about the ProQOL and the experience of using it at proqol@cvt.org. Please also contact us if you have any questions about using the ProQOL, even if you noted them on this form. Note that unfortunately, our capacity is quite limited so we may not be able to respond to your note: however, we greatly appreciate your engagement.

Appendix L

Permissions to Use Figure 1: Practice Model for Watson's Theory of Caring



Copyright Clearance Center

Dear Janelle Todd-Hesse,

Your Sage Publications Inc. Journals request has been denied for the following reason:
Permission may not be needed for this request

You will not be charged for this request and a credit will be issued for any payment already made.

Request Summary:
Submit date: 29-Jul-2023
Request ID: 600131136
Publication: Nursing science quarterly
Title: Developing a practice model for Watson's theory of caring.
Type of Use: Republish in a thesis/dissertation

Use this link to view your request details.

Please do not reply to this message.

To speak with a Customer Service Representative, call +1-855-239-3415 toll free or +1-978-646-2600 (24 hours a day), or email your questions and comments to support@copyright.com.

Sincerely,

Copyright Clearance Center

Tel: 1-855-239-3415 / +1-978-646-2600
support@copyright.com
Manage Account

Appendix M

Permissions to Use Figure 2 Empirical Indicators of Compassion Fatigue

Nursing & Health Sciences

Thank you for your order!

Dear Janelle Todd-Hesse,

Thank you for placing your order through Copyright Clearance Center's RightsLink® service.

Order Summary

Licensee:	University of Hawaii Hilo
Order Date:	Sep 19, 2023
Order Number:	5632290279734
Publication:	Nursing & Health Sciences
Title:	Compassion fatigue within nursing practice: A concept analysis
Type of Use:	Dissertation/Thesis
Order Total:	0.00 USD

View or print complete details of your order and the publisher's terms and conditions.

Sincerely,

Copyright Clearance Center

customercare@copyright.com
https://myaccount.copyright.com

CCC RightsLink

JOHN WILEY AND SONS LICENSE
TERMS AND CONDITIONS

Sep 24, 2023

This Agreement between University of Hawaii Hilo -- Janelle Todd-Hesse ("You") and John Wiley and Sons ("John Wiley and Sons") consists of your license details and the terms and conditions provided by John Wiley and Sons and Copyright Clearance Center.

License Number	5632290279734
License date	Sep 19, 2023
Licensed Content Publisher	John Wiley and Sons
Licensed Content Publication	Nursing & Health Sciences
Licensed Content Title	Compassion fatigue within nursing practice: A concept analysis
Licensed Content Author	Siedine Knobloch Coetzee, Hester C. Klopper
Licensed Content Date	May 19, 2010
Licensed Content Volume	12
Licensed Content Issue	2
Licensed Content Pages	9
Type of use	Dissertation/Thesis

Type of use	Dissertation/Thesis
Requestor type	Author of this Wiley article
Format	Electronic
Portion	Figure/table
Number of figures/tables	1
Will you be translating?	No
Title	EVALUATION OF A SELF-CARE JOURNAL AND ITS IMPACT ON COMPASSION FATIGUE IN HOSPICE
Institution name	University of Hawaii Hilo
Expected presentation date	Sep 2023
Portions	Figure 1 Definition of the categories, characteristics, and empirical indicators of compassion fatigue.
Requestor Location	University of Hawaii Hilo PO Box 121 Hakalau, HI 96710 United States Attn: University of Hawaii Hilo
Publisher Tax ID	EU826007151

Appendix N

Project Conclusion Evaluation Questionnaire

Evaluation of Self-Care Journals	Strongly Disagree	Disagree	Agree	Strongly Agree
Did you use the self-care journals on a daily or weekly basis?	○	○	○	○
Do you feel the self-care journals made you more aware of ways to prevent compassion fatigue?	○	○	○	○
Did you use the self-care journal prompts, habit tracking, progress monitoring, or activities?	○	○	○	○
Do you feel the self-care journals were relevant to addressing self-care needs as a hospice nurse?	○	○	○	○
Do you feel the organization should continue to have initiatives supporting self-care?	○	○	○	○