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Self-Care Practices for Nursing Faculty to Alleviate Burnout

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Self-Care Practices for Nursing Faculty to Alleviate Burnout

DNP Project

Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Nursing Practice

St. Catherine University
St. Paul, Minnesota

Michal Rae Ward

May 2022

ST. CATHERINE UNIVERSITY
ST. PAUL, MINNESOTA

This is to certify that I have examined this
Doctor of Nursing Practice DNP project manuscript
written by

Michal Rae Ward

and have found that it is complete and satisfactory in all respects,
and that any and all revisions required by
the final examining committee have been made.

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DEPARTMENT OF NURSING

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Self-Care Practices for Nursing Faculty to Alleviate Burnout

Introduction

Drawn to the service and caring profession are compassionate and empathetic individuals. However, burnout is endangering the health of nursing faculty, nursing students, nurses, patients, and communities. Since identifying burnout, mounting efforts have increased to combat burnout symptoms. Evidence of burnout is emotional exhaustion that produces a feeling of alienation from job-related activities, resulting in a decline in job performance (Poncet et al., 2007). Holdren et al. (2015) posit that it is to be overworked until one feels lethargic, even to depletion. Therefore, burnout depletes the qualities of compassion and empathy that calls on nursing faculty when mentoring, assisting, and instructing nursing students.

Nursing faculty experience burnout when there is an unsupportive work environment or an excessive workload (Stamm, 2012). Lockett (2020) identifies the nursing faculty shortage as a condition ripe for burnout. The trials of transitioning from in-person to online classes, organizational changes or requirements, student enrollment and retention, committee meetings, the challenges of preparations for clinical sites, and the responsibility of providing an innovative educational experience to students may all lead to secondary stress and an unfair demand on work-life balance for nursing faculty (Lockett, 2020). Farber et al. (2020) explain that work-life balance is vital to nursing faculty; however, increasing demands on faculty interfere with the pursuit of work-life balance and contribute to burnout. Additionally, Farber and colleagues (2020) report that nursing faculty identified burnout as a significant reason for leaving their nurse educator role, thus increasing the nursing faculty shortage. So, by engaging nursing faculty individually or as a group in self-care practices, nursing faculty can reduce their risk of developing burnout and become healthier nurse educators (Khademian et al., 2020; Small, 2019).

Background and Significance

Self-care is activities that people engage in to maintain, restore, or improve their health (Khademian et al., 2020). Self-care practices include healthy eating habits, exercising, spending time in nature, relaxation techniques, breath training, and aromatherapy (Aryankhesal et al., 2019; Couser, 2020; Crane & Ward, 2016).

Burnout is excessive physical and mental exhaustion, feelings of being overworked, and a diminished ability to function at work compounded by a lack of compassion and empathy (Applebaum et al., 2010; Holdren et al., 2015; Poncet et al., 2007), which leads to a deficit in caring in the individual known for compassion and empathy (Holdren et al. 2015; Lombardo & Eyre, 2011; Singh et al., 2020). When not addressed, burnout leads to compassion fatigue as evidenced by mental symptoms such as mood swings, anxiety, forgetfulness, lack of concentration, excessive use of substances, anger, oversensitivity, resentment, and depression (Lombardo & Eyre, 2011). Physical symptoms of burnout include sleep disturbance, fatigue, headaches, heart palpitations, chest pain, tachycardia, diarrhea, constipation, and upset stomach (Lombardo & Eyre, 2011). Also, burnout symptoms may include avoidance of work, frequently using sick days, decreased ability to feel empathy, and lack of joyfulness (Applebaum et al., 2010; Holdren et al., 2015; Lombardo & Eyre, 2011; Poncet et al., 2007). Burnout, and compassion fatigue, lead to poor patient outcomes (Bartel et al., 2014; Hockenberry and Becker, 2016; Holdren et al., 2015; Poncet et al., 2007; Rainbow et al., 2020; Rosenstein, 2019) and may lead to substandard instruction and learning (Alves et al., 2019; Singh et al., 2020).

By and large, studies of burnout in nursing are generalized (Bolier et al., 2014; Couser et al., 2020; Crane & Ward, 2016; Darban et al., 2016; Holdren et al., 2015) in intensive care nursing (Vermeir et al., 2018), and emergency room nursing (Schmidt & Haglund, 2017), but

burnout also occurs in nursing faculty (Alves et al., 2019; Farber et al., 2020; Lockett, 2020; Thomas et al., 2019). It is crucial to study burnout in nursing faculty since they are leaders for students (Rainbow et al., 2020). It is imperative for nursing faculty to positively influence nursing students, help them with the early identification of burnout symptoms, and prepare them for the inevitability of burnout (Rainbow et al., 2020). In addition, Lombardo and Eyre, 2011 emphasize that compassion fatigue (a more severe form of burnout) may surface in any nursing area when there is an expenditure of empathy or when the caring individual is experiencing the pain of another human. The act of empathy and experiencing the pain of others applies to nursing faculty.

Organizational Assessment and Need, Practice Gap Analysis

Ideally, employers of nurses and nursing faculty responsible for mentoring and instructing future nurses would foster a healthy environment that prevents burnout, retains nursing faculty, and decreases the nursing faculty shortage. Unfortunately, nursing faculty are experiencing burnout symptoms, as evidenced by their subjective replies reporting moderate stress on the Pre-Project Survey (see Figure 1). However, the reality is these institutions are looking for ways to lower costs due to financial uncertainty because of lower reimbursements from payers, higher acuity patients, and growing competition from rival organizations (Carey et al., 2011; McCue et al., 2003; Kane et al., 2007). The gap analysis between the ideal and reality of the problem of burnout as explained by Everhart et al. (2013, p. 1) "Hospitals facing financial uncertainty have sought to reduce nurse staffing as a way to increase profitability." Lastly, hospital systems believe that reducing the number of registered nurses reduces costs while improving profitability because registered nurses' wages and benefits are a significant part of hospital costs (Rivers et al., 2005, as cited in Everhart, 2013). Unfortunately, these everyday

practices are counterproductive in that they steadily increase burnout and cultivate a loss of motivation for all sectors of healthcare or anyone involved in healthcare, including nursing faculty (Aiken and Sloane, 1997; Schaufeli, 2017). Further, these standard practices leach throughout all healthcare and adversely affect nursing faculty by increasing their stress and burnout symptoms, interfering with their work-life balance leading to nursing faculty vacating their positions and contributing to the nursing shortage (Farber et al., 2020; Lockett, 2020).

Problem Statement

Nursing faculty are experiencing ever-increasing levels of stress that can lead to burnout that impacts not only their health and well-being but can also impact their ability to effectively interact with the nursing students they teach.

Project Purpose

The purpose of this DNP Quality Improvement project is to educate nursing faculty at a northern Midwestern university on burnout and self-care methods to mitigate their possible burnout and stress symptoms and promote their self-care practices and health.

Theoretical Framework

According to DNP Essential I, nursing theories are vital in evaluating and developing new practice approaches (Moran et al., 2020). The basis for this DNP project is two nursing theories—Orem's Theory of Nursing and Watson's Theory of Human Caring.

Self-care includes activities that nursing faculty can engage in to maintain, restore, or improve their health (Khademian et al., 2020) which relates to Orem's Theory of Nursing. Orem's Theory of Nursing emphasizes individuals' independence and active participation in self-care (Khademian et al., 2020). Furthermore, Orem's Theory of Nursing, especially the Theory of

Self-Care, encourages the empowerment of the individual to take an active role to improve, maintain, develop, or correct their own health and well-being (Khademian et al., 2020).

A second nursing theory this DNP project will be based upon is Watson's Theory of Human Caring. Watson's theory is dependent on holistic caring by fostering a connection with another to promote healing (Butts & Rich, 2018). To promote healing for others and themselves, nursing faculty must be compassionate and empathetic while making time for self-care and inner healing (Butts & Rich, 2018).

Literature Review

Search Strategy

A search began of the online library article database from 2015 through 2021 using the Cumulative Index to Nursing and Allied Health Literature (CINAHL) Plus with Full-Text and the PubMed databases. First, there was a selection of the CINAHL Plus with Full-Text database and the PubMed database. The Boolean terms used were "burnout in nurses" AND "communication" or "communication barrier." The search resulted in one hundred eighty-six articles leading to an examination of the abstracts for the most recent studies that pertained to the topic. Lastly, there was a separate search for full-text scholarly articles on nursing faculty burnout. All articles before 2011 were eliminated.

Analysis

Holdren et al. (2015) completed a literature review of burnout in registered nurses. They then conducted a semi-structured interview with one nurse with 12-years' experience, consisting of sixteen questions at an undisclosed location (Holdren et al., 2015). The strength of this study was that the literature review and the semi-structured interview supported each other's findings on the causes of Burnout Syndrome in hospital nurses, the outcomes of an excessive job

assignment, and the adverse effects on nurses (Holdren et al., 2015). Holdren et al. (2015) addressed the project question and purpose because they defined burnout, focused on contributing factors, and offered remedies to burnout (Holdren et al., 2015). The weakness was that it was a small sample size at an undisclosed location and may not be generalizable to a more significant population of nurses or nursing faculty.

Crane and Ward (2016) examine the contributing factors of burnout in the hospital setting and discuss how it affects patient quality of care and safety and the safety of nurses through a review of the literature. Furthermore, this article addresses the project question by providing examples of practical self-care practices (Crane & Ward, 2016). Additionally, Crane and Ward (2016) comment on supportive leadership providing a space and time for self-care and understanding the nursing environment. Thus, the strength of this article is that Crane and Ward (2016) advocate for leadership support with self-care practices to alleviate burnout symptoms. However, a weakness is that it is a professional opinion article and lacks quantitative data from participants.

The Couser et al. (2020) study offered six self-care courses to live audiences between May 2017 and July 2018 at Mayo Clinic in Rochester, Minnesota. Couser et al. (2020) then administered a survey to the participants. All sessions except for the third session were for nurses (Couser et al., 2020). According to Couser et al. (2020), the third session included twenty-four physicians, physician assistants, or advanced practice registered nurses. Couser et al. (2020) identified limitations of selection bias, low sample size, and participants from only one institution. Therefore, a weakness is that the study may not generalize to other nursing populations. On the other hand, a strength of the study was that it included a wide range of healthcare providers and empowered nurses in self-care practices.

Aryankhesal et al. (2019) discussed how burnout was affected positively by self-care practices. A strength of the Aryankhesal et al. (2019) study was that it was a systemic review of 12 Random Controlled Trials, six pre-tests, and post-tests studies conducted in three countries, the Netherlands, the United States, and England. A mixed-method or integrative approach demonstrated improved burnout symptoms by 50% to two-thirds (Aryankhesal et al., 2019). Lastly, but possibly most essentially, Aryankhesal et al. (2019) determined that online self-care programs significantly improved mental health or depression.

Similarly, Bolier et al. (2014), a single research cluster-randomized controlled trial study, investigated online self-care interventions of 11,140 nurses and allied health professionals in reducing burnout and improving the health of nurses and allied professionals. Bolier et al. (2014) found that online interventions may help in the reduction of burnout symptoms or enhance positive mental health. Therefore, online self-care programs significantly improve mental health or depression (Aryankhesal et al., 2019; Bolier et al., 2014).

Darban et al. (2016) completed a Cross-Sectional Study of 60 nurses. The nurses, randomly divided into two groups, worked in Khatamolambia Hospital in Iranshahr, Sistan, and Baluchestan Province, Iran, which showed a positive impact on job burnout among nurses (Darban et al., 2016). A strength of the Darban et al. (2016) study concluded that communication skills training helped nurses with mental health, mental exhaustion, improved adaptability, the reality of themselves and their environment, and enhanced communication under critical conditions. However, the weakness was that it did not discuss self-care practices.

Schmidt and Haglund (2017) evaluated the process of debriefing as a communication tool to alleviate burnout symptoms that result in a medication error (Schmidt & Haglund, 2017). The nurse utilized colleague support and communication through debriefing (Schmidt & Haglund,

2017). The strength of the Schmidt and Haglund (2017) study was that it married the self-care technique of personal reflective debriefing to promote resiliency and healing and connected burnout to adverse patient outcomes. A weakness of the study was that it only considered one nurse's experience.

A study of 303 intensive care nurses investigated the relationship between improved communication and improved job satisfaction and the association between intention to leave and burnout (Vermeir et al., 2018). Limitations in this study were that there was no information on those not completing the survey, so no comparisons could be drawn between those that completed the study. Also, there were limited questions regarding job satisfaction and intention to leave, and this study could only be generalized to the Flemish community.

Synthesis of Evidence

The findings from the literature indicate that there is worldwide concern regarding burnout in the nursing profession (Aryankhesal et al., 2019; Crane & Ward, 2016; Couser, 2020; Darban et al., 2016; Schmidt & Haglund, 2017; Vermeir et al., 2018). Many studies suggest self-care practices as a practical solution to burnout symptoms (Aryankhesal et al., 2019; Crane & Ward, 2016; Couser, 2020). Exercise, such as yoga, healthy eating, and meditation, were all included as strategies for self-care (Aryankhesal et al., 2019; Couser, 2020; Crane & Ward, 2016), but these authors did not discuss the optimal quantity of self-care activities. However, Darban et al. (2016) discussed communication training in a weekly 8-hour two-day workshop but did not discuss self-care. Likewise, Vermeir et al. (2018) did not recommend any self-care practices or optimal quantity. Schmidt & Haglund (2017) studied communication debriefing as a self-care practice but did not suggest an optimal amount. Similarly, Crane and Ward (2016) did

not offer an optimal quantity of self-care to reduce burnout symptoms. Therefore, there is limited evidence to support the amount of self-care necessary to decrease burnout.

Also, many studies did not differentiate between the nursing disciplines or included additional health professionals in their research (Aryankhesal et al., 2019; Bolier et al., 2014; Couser, 2020; Darban et al., 2016). Other researchers did not include nursing faculty in their research (Aryankhesal et al., 2019; Bolier et al., 2014; Couser, 2020; Darban et al., 2016; Holdren & Coustasse, 2015; Schmidt & Haglund, 2017; Vermeir et al., 2018), thus identifying a need for further discovery of research into nursing faculty burnout. Moreover, with the demands of educating students, ever-changing deadlines, and committee requirements, symptoms of burnout also arise in nursing faculty and threaten work-life balance (Farber et al., 2020). Therefore, burnout also occurs in nursing faculty (Alves et al., 2019; Farber et al., 2020; Luckett, 2020; Thomas et al., 2019). This supports DNP Essential IV to provide a resolution of an ethical or moral issue and supply leadership for a resolution to the identified crisis (Moran et al., 2020).

PICOT Question

For nursing faculty at a northern Midwestern university, how might implementing self-care practices versus no self-care practices help prevent the development of burnout symptoms and reduce stress levels?

Project Design

DNP Essential III was realized by designing and implementing processes to determine practice patterns within the project site to assess timely and effective faculty-centered care (Moran et al., 2020). Also, DNP Essential IV played an essential role in this DNP project through the development of online self-guided modules to communicate with and educate the faculty participants (Moran et al., 2020). Additionally, communication is a crucial component of DNP

Essential VI in developing and implementing this scholarly project (Moran et al., 2020).

Furthermore, the education and support offered by the self-guided learning modules to the nursing faculty participants helped fulfill DNP Essential VIII (Moran et al., 2020). Lastly, DNP Essential V was included by educating the nursing faculty (Moran et al., 2020).

Project Site

A nursing program in a northern Midwestern university.

Target Population

The target population was nursing faculty at a northern Midwestern university.

Project Goals & Objectives

1. Four to ten nursing faculty will complete the Professional Quality of Life Self-Score Measure (ProQOL 5) Burnout Symptom tool (Stamm, 2012) by midnight, January 31, 2022.
2. Four to ten nursing faculty will complete the Pre-Project Survey by midnight of January 31, 2022.
3. Six to ten nursing faculty will begin using self-care modules via the nursing faculty-only section of the D2L intranet website "Holistic Nurse Certification Course for Faculty." by midnight, January 5, 2022.
4. Four to ten nursing faculty will complete at least one weekly self-care training module via the nursing faculty-only section of the D2L intranet website "Holistic Nurse Certification Course for Faculty." by January 31, 2022.
5. Four to ten nursing faculty who completed at least one weekly self-care module during January will complete and submit their Post-Project Survey evaluation of the self-care modules by February 14, 2022.

Project Timeline

The project launched in early January with an invitation email to the nursing faculty, and the completion date for the project was January 31. (Please see project goals for more specific timeline deliverables).

Participants joined in weekly self-care practices, as outlined below, in the modules on the D2L intranet website "Holistic Nurse Certification Course for Faculty" during January 2022.

There was a new self-care module activated weekly for four weeks (through the month of January). Topics covered in these weekly self-care modules included:

1. Introduction to burnout management – Define compassion fatigue, burnout, and secondary stress reaction, discuss the adverse outcomes of burnout, and how this DNP project helps reduce burnout.
2. breathing
3. meditation
4. progressive muscle relaxation
5. guided imagery relaxation
6. Reflection: When you rated yourself with The ProQOL 5 Self-Score Measure before and after, did your scores change? How? What was most surprising?

Methods & Implementation

Project implementation was via guided self-care educational modules within the University's D2L intranet system. Completion of the Professional Quality of Life Self-Score Measure (ProQOL 5) Burnout Symptom tool (Stamm, 2012) and Pre-and-Post project implementation surveys were also implemented in the project.

Before beginning the project, participants were sought via an email invitation (See Appendix A). Consent occurred before implementing this DNP Quality Improvement project using the approved consent form from the northern Midwestern university's IRB website. (See Appendix B for the consent form). Information regarding participant requirements for the project was noted on an informed consent located in a nursing faculty-only section of the D2L intranet website "Holistic Nurse Certification Course for Faculty."

Requirements for inclusion in this DNP project included: 1) participants must write, read, and speak English, 2) must have reliable computer access to St. Kate's D2L intranet system, 3) must agree to participate once a week in the project from January 2022 to February 2022, and, 4) must be able to invest ten to fifteen minutes in completion of the pre and post-project survey (see Appendix E for the pre-project survey and Appendix F for the Post-Project Survey).

The self-care educational module was located on the University's employee portion of the D2L intranet website entitled "Holistic Nurse Certification Course for Faculty." A baseline assessment of the participants' level of self-care practices and burnout severity using the ProQOL 5 Self-Score Measure (Stamm, 2012) was completed via a link before the faculty started the DNP project to ensure an accurate measurement of the possible helpful nature of self-care practices provided in the educational modules. (see Appendix C). The DNP project leader did not have access to the ProQOL survey results, only individual faculty had access to their own ProQOL survey results for personal use for pre and post-project evaluation to determine if any changes in individual burnout symptoms and stress levels occurred after completion of the D2L educational modules. The DNP project leader could only access the D2L intranet website "Holistic Nurse Certification Course for Faculty" to upload the survey links and post the self-care modules for faculty.

Once the pre-survey was completed, nursing faculty engaged in weekly self-care practices found in an educational module on the faculty D2L intranet website, "Holistic Nurse Certification Course for Faculty," for four weeks. (See Appendix D for the Self-Care Modules List). After a month of regular self-care practices, a post evaluation of participants' level of stress and a re-assessment of their burnout symptoms using the ProQOL 5 (Stamm, 2012) was confidentially completed by the nursing faculty. The DNP project leader did not see the results of the pre or post-ProQOL 5 results.

An online survey generator, Survey Monkey, was used for Pre and Post-Project Surveys. All surveys were stored on Survey Monkey. Survey Monkey is a username and password-protected website. Survey Monkey allowed participants to remain anonymous to the DNP project leader.

The anonymous Pre-Project Survey asked the following questions:

1. Overall, how do you rate your stress?
2. Do you integrate self-care?
3. Which self-care practices do you find most helpful?
4. How often do you integrate self-care practices into your personal life?
5. If you do not incorporate self-care daily in your personal life, what prevents you?
6. Would you like more information on self-care practices?
7. Optional response - What was your compassion satisfaction level from the Professional Quality of Life Self-Score Measure (ProQOL 5)?
8. Optional response- What was your burnout level from the Professional Quality of Life Self-Score Measure (ProQOL 5)?

9. Optional response - What was your secondary traumatic stress level from the Professional Quality of Life Self-Score Measure (ProQOL 5)?
10. Any additional comments or other feedback.

The anonymous Post-Project Survey asked the following questions:

1. Overall, how do you rate your stress?
2. How often did you participate in self-care practices?
3. Did your stress level change after using the self-care modules?
4. How often did you participate in self-care practices?
5. Which self-care practices did you find most helpful?
6. Did you integrate the self-care practices or education on burnout in your nursing courses?
7. Optional response - After participating in the self-care modules, what was your compassion satisfaction level from the Professional Quality of Life Self-Score Measure (ProQOL 5)?
8. Optional response - After participating in the self-care modules, what was your burnout level from the Professional Quality of Life Self-Score Measure (ProQOL 5)?
9. Optional response - After participating in the self-care modules, what was your secondary traumatic stress level from the Professional Quality of Life Self-Score Measure (ProQOL 5)?
10. Did you find the educational modules helpful in managing stress? (please specify which modules: introduction, breathing, meditation, progressive muscle relaxation, guided imagery relaxation, or reflection)

The DNP project leader did not have access to the completed pre-and post-project surveys. The DNP project leader only received notification that there was a reply to the surveys and the response to the survey questions, but the DNP leader did not know who responded.

Measures/Tools/Instruments

The instruments and tools used to measure this project were the Professional Quality of Life Scale (ProQOL), Compassion Satisfaction and Compassion Fatigue (ProQOL) Version Five (2009), Pre- and Post-Project Surveys, and weekly self-care modules.

Data Collection Procedure

Before participating in the weekly modules, the participants completed the ProQOL Five and the Pre-Project Survey. After completing the weekly modules in January, the participants completed the Post-Project Survey. Participants were also instructed to complete the ProQOL 5 survey tool again at the completion of the project for personal comparison of their pre and post-project results.

Data Analysis

The participants' baseline burnout symptoms were initially evaluated using The ProQOL 5 Self-Score Measure (Stamm, 2012). Also, a Pre-Project Survey evaluated how the participants rated their stress, personal knowledge of self-care practices, the routine of their self-care practices, and space for comments. After completing self-care practices on January 31, 2022, there was a comparison of pre and post-evaluations of self-care practices and burnout symptoms to determine any changes in burnout symptoms. Eleven participants completed the Pre-Project Survey (see Figure 1), and four completed the Post-Project Survey (see Figure 2). 90.91% reported moderate stress, and 9.09% reported a little stress on the Pre-Project Survey. On the

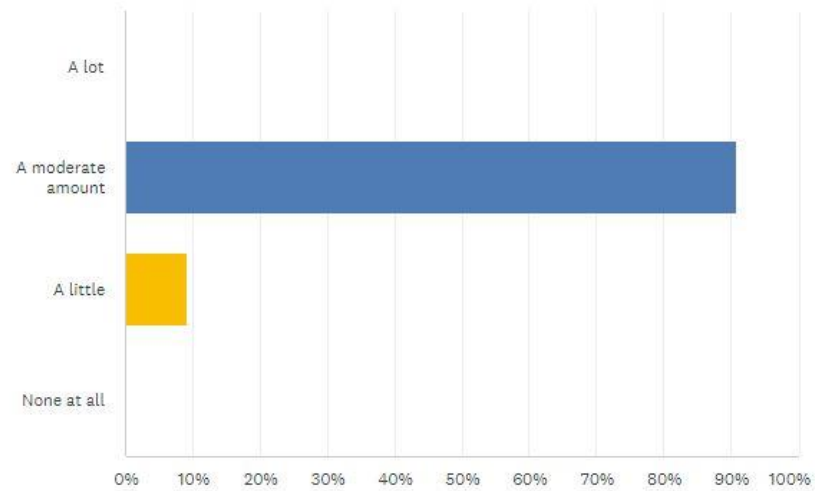
Post-Project Survey, 75% of the respondents reported moderate stress, and 25% reported a little stress.

Analysis of the pre and post-project survey results indicated that some faculty who reported moderate stress in the Pre-Project Survey reported only a little stress in the Post-Project Survey. This positive result supports the conclusion reported in the Post-Project Survey that the participants viewed their stress levels as moderate (75% or three respondents) to low (25% or one respondent). Although the report of a little stress increased from 9.09% (one response) to 25% (one response), the report of moderate stress decreased from 90.91% to 75%. Probably the most data for positive conclusions is the report and comments of the participants that the self-care modules helped manage stress (see Figure 3) and their comments in support of practicing self-care (see Figure 4).

Figure 1*Pre-Project Survey*

Overall how do you rate your stress?

Answered: 11 Skipped: 0

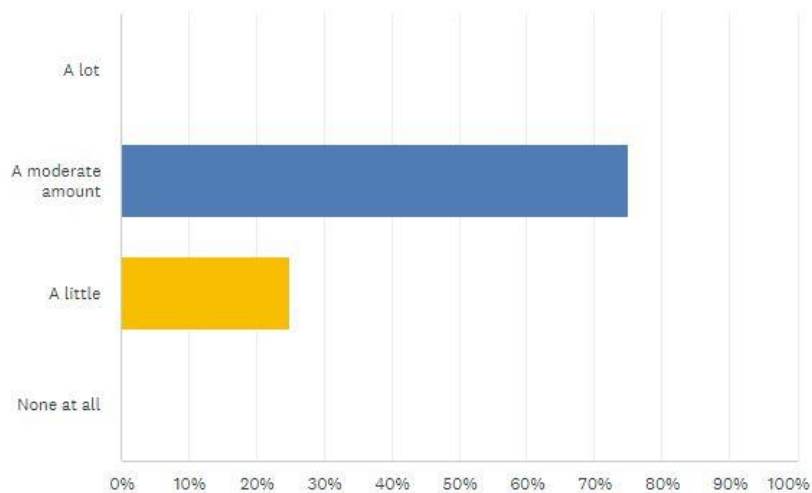


| ANSWER CHOICES | RESPONSES |
|---------------------|-----------|
| ▼ A lot | 0.00% 0 |
| ▼ A moderate amount | 90.91% 10 |
| ▼ A little | 9.09% 1 |
| ▼ None at all | 0.00% 0 |
| TOTAL | 11 |

Figure 2*Post-Project Survey*

Overall, how do you rate your stress?

Answered: 4 Skipped: 0

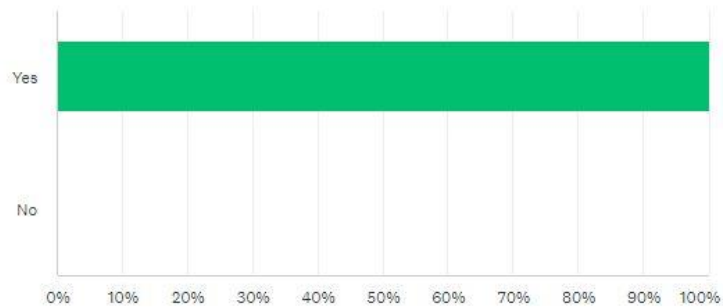


| ANSWER CHOICES | RESPONSES |
|----------------------|-----------|
| ▼ A lot | 0.00% 0 |
| ▼ A moderate amount | 75.00% 3 |
| ▼ A little | 25.00% 1 |
| ▼ None at all | 0.00% 0 |
| Total Respondents: 4 | |

Figure 3***Post-Project-Survey Question 10***

Did you find the educational modules helpful in managing stress? (please specify which modules: introduction, breathing, meditation, progressive muscle relaxation, guided imagery relaxation, or reflection)

Answered: 4 Skipped: 0



| ANSWER CHOICES | RESPONSES |
|----------------------|-----------|
| ▼ Yes | 100.00% 4 |
| ▼ No | 0.00% 0 |
| Total Respondents: 4 | |

Figure 4

Post-Project Survey Question 10 Comments

Showing 4 responses:

The breathing exercises reminded me of yoga and yet I can practice breathing at almost any time. Good reminder for me.

2/1/2022 4:15 PM
[View respondent's answers](#) [Add tags](#)▼

Yes, I want to practice these more often. Lacking the time (or perceiving this to be the case) seems to be the primary barrier.

2/1/2022 12:01 PM
[View respondent's answers](#) [Add tags](#)▼

The modules were excellent. I have been practicing breathing and meditation techniques and I found the modules very well done, informative, and great resources! Loved them!!!

2/1/2022 10:57 AM
[View respondent's answers](#) [Add tags](#)▼

Really liked breathing. 4-7-8. Dr. Weil. It does decrease stress and lowers my heart rate.

2/1/2022 12:00 AM
[View respondent's answers](#) [Add tags](#)▼

Methods of Evaluation

The methods of evaluation were The Professional Quality of Life Scale (ProQOL), Compassion Satisfaction and Compassion Fatigue (ProQOL) Version Five (2009), and the Pre- and Post-Project Surveys.

The nursing faculty were provided a link to the ProQOL Five to confidentially assess their personal level of burnout or compassion fatigue before and after practicing the self-care modules. However, they were under no compulsion to do so. The ProQOL Five is a free tool developed by Professional Quality of Life at The Center for Victims of Torture. This tool may be copied as long as the author is credited, there are no changes made other than those authorized, which are noted in brackets within the tool, and it is not sold (Stamm, 2012). There was a comparison of Pre and Post-Project Surveys to determine any changes in burnout symptoms. There was a Post-Project Survey to assess self-care levels during the project. Questions included which practices, how often they participated in self-care practices for the techniques to be helpful

with burnout symptoms, and a section to write a comment. Finally, there was an optional and confidential self-evaluation of post burnout symptoms using the ProQOL 5 Self-Score Measure (Stamm, 2012) for the nursing faculty to privately compare their own pre-and post-assessments of burnout. The ProQOL 5 Self-Score Measure (Stamm, 2012) is a thirty-question document to assess compassion satisfaction, compassion fatigue, or Secondary Traumatic Stress on a zero to five scale. Zero is never having the feeling of the indicated symptom, and five, having that feeling very often. The results may reveal a range of outcomes from total compassion satisfaction, identification of burnout symptoms, compassion fatigue, or Secondary Traumatic Stress. Also, some participants did not complete the project or only engaged partly with the weekly self-care modules.

Social Justice Considerations

The American Nurses Association (ANA, 2015) states that every nurse's ethical obligation is to be involved in social justice. This is supported by DNP Essential VII Moran et al., (2020). This includes nursing faculty. Nursing faculty may initially exhibit physical symptoms of burnout like sleep disturbance, fatigue, headaches, heart palpitations, chest pain, tachycardia, diarrhea, constipation, and upset stomach (Lombardo & Eyre, 2011). When burnout is not addressed, compassion fatigue may ensue with its concomitant symptoms of compassion fatigue as evidenced by mental symptoms such as mood swings, anxiety, forgetfulness, lack of concentration, excessive use of substances, anger, oversensitivity, resentment, and depression (Lombardo & Eyre, 2011). These symptoms may severely impair the ability to teach and present a social justice issue in nursing faculty because these symptoms can lead to the inability to pursue deserving opportunities and severely limit the power to avail oneself of earned privileges and make a successful living wage, which may impair instruction, productive learning, and the

faculty-student relationship (Alves et al., 2019; Applebaum et al., 2010; Holdren et al., 2015; Poncet et al., 2007; Rosenstein, 2019; Singh et al., 2020). When this process is not realized, because of burnout symptoms, nursing faculty have poor work-life balance (Farber et al., 2020) and may not be able to teach effectively. All humans deserve excellent care, including students, nurses, and nursing faculty. This places a heavy responsibility on nursing faculty and demonstrates the importance of nursing faculty recognizing their burnout symptoms and acting on their self-care needs. Orem's Theory of Nursing, especially the Theory of Self-Care, encourages the empowerment of the individual to take an active role to improve, maintain, develop, or correct their own health and well-being (Khademian et al., 2020). Indeed, how much more imperative is this directive for the leaders and mentors of nursing students.

Further, Watson's theory of human caring advances that part of exceptional patient care is the care of the vulnerable providing compassionate, empathetic care (Butts & Rich, 2018; Lombardo & Eyre, 2011). Nursing faculty are part of the vulnerable as there is a staffing shortage of nursing faculty (Lockett, 2020). and yet they are expected to provide compassionate, empathetic care and instruction to their student-patients. Additionally, a stressful work environment produces feelings of being overworked, exhaustion, and a diminished ability to function at work, which contributes to adverse outcomes like poor work-life balance, work dissatisfaction, and the compromise of the student-faculty relationship (Applebaum et al., 2010; Holdren et al., 2015; Poncet et al., 2007; Rosenstein, 2019). Not to mention the potential for substandard instruction and learning (Alves et al., 2019; Singh et al., 2020). It is unconscionable to subject vulnerable nursing faculty to substandard care (Small, 2019). All these factors together create symptoms of burnout and an ethical and moral conflict that is identified in DNP Essential II (Moran, et al., 2020), so by engaging individually or as a group in self-care practices, nursing

faculty, and students can reduce their risk of developing burnout and thus be more healthy care providers and educators (Khademian et al., 2020; Small, 2019).

Recommendations & Limitations

A limitation of this project was that the project was small, with a total of eleven participants starting the project and only four participants completing the project. The reduced number of nursing faculty completing the Post-survey was likely due to the initial placement of the Post-Project Survey in D2L. After moving the Post-Project Survey to the top and before the Self-Care Modules in the D2L Content section, four nursing faculty did complete the Post-Project Survey. If this DNP project were to be implemented again in the future, some changes would include opening the project to additional universities, providing the project to other nursing faculty members, and placing the Post-Project Survey in a more visible location. Further, new practice approaches are not limited to the healthcare field. As the coronavirus pandemic demonstrated, food service workers, delivery drivers, supermarket employees, and parents are susceptible to burnout. The self-guided modules developed in this project would be helpful for these individuals, thus demonstrating the use of DNP Essential I (Moran et al., 2020).

Implications for Nursing Practice and the Discipline of Nursing

This DNP project contributed to the nursing literature and discipline of nursing on faculty burnout and self-care practices for nursing faculty. It offered nursing faculty realistic measures to combat their stress and alleviate symptoms of burnout before reaching the point of compassion fatigue or post-secondary stress reaction. Finally, this DNP project contributed to the nursing literature and knowledge by offering nursing faculty convenient ways to prevent burnout and promote self-care via an online learning system.

Conclusion

Through this DNP practice project, a better understanding was gained on how to identify and mitigate burnout and stress symptoms in nursing faculty. Recognizing the signs of burnout can help combat burnout symptoms, thus improving the well-being of nursing faculty and their students while also restoring their compassion and empathy. In line with DNP Essential I (Moran et al., 2020), this DNP project also provided realistic measures to combat symptoms of burnout before reaching the point of compassion fatigue or post-secondary stress reaction and promoted self-care practices for nursing faculty. Thus, the data from this DNP project helped to educate nursing faculty about self-care practices for themselves and their students. By helping nursing faculty learn how to manage their own stress, they can better teach nursing students how to better manage their stress, thus creating more whole and healthy nurses.

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Appendix A

Participant Email Introduction

Dear Invitee,

My name is Michal Ward. I am a doctoral student in Saint Catherine University's dual-degree Masters & DNP program. I request your participation in a doctoral quality improvement project that I am conducting titled: "Self-care practices for nursing faculty to alleviate burnout". The purpose of the quality improvement project is to implement an educational module for nursing faculty to help reduce stress through self-care practices. The project involves completing the Professional Quality of Life Self-Score Measure (ProQOL 5) burnout symptom tool (Stamm, 2012) before and after participating in weekly self-care practices as outlined in the modules on the D2L intranet website for a month (January 6, 2022) and pre and post-project anonymous surveys through Survey Monkey. Therefore, participation is voluntary, and you may leave the project at any time. The project is entirely anonymous and does not require you to provide your name or any other identifying information.

Your participation in the project will be of great importance in identifying possible burnout risk factors in nursing faculty.

Thank you for your time and participation.

Sincerely,

Michal Ward, RN-BC, BSN, Doctoral Student, Saint Catherine University

Appendix B

ST. CATHERINE UNIVERSITY Informed Consent for a Quality Improvement Project

Study Title: Self-care practices for nursing faculty to alleviate burnout

You are invited to participate in a Quality Improvement project. This project is called "self-care practices for nursing faculty to alleviate burnout." The project is by Michal Ward, in the dual-degree Masters & DNP program at St. Catherine University in St. Paul, MN. The faculty advisor for the project is Susan Hageness, DNP, RN, CNE, AHN-BC Associate Professor, Department of Nursing at St. Catherine University. Below, you will find answers to the most commonly asked questions about participating in this project. Please read this entire document.

Why is the DNP student project leader doing this project?

The purpose of this project is to implement an educational module for nursing faculty to help reduce stress through self-care practices. This project is critical because it identifies possible burnout risk factors in nursing faculty. Faculty will participate in self-guided educational modules to provide them with realistic measures to combat symptoms of burnout before reaching the point of compassion fatigue or post-secondary stress reaction and promote self-care practices. We intend to use the data from this project to educate nursing faculty about self-care practices for themselves and their students. An expectation is for approximately 10 to 15 people to participate in this project.

Why have I been asked to be in this project?

You have been asked to be in this project because

- you are an adult over 18
- you speak, write and read English
- you are nursing faculty
- you have had interactions with students
- you have access to the internet

If I decide to participate, what will I be asked to do?

If you meet the criteria and agree to be in this project, you will be asked to do these things:

- You will be given this consent form to read on the D2L intranet website "Holistic Nurse Certification Course for Faculty." By participation and completion of the project, consent is given (approximately 10 minutes).
- You will be asked to complete the Professional Quality of Life Self-Score Measure (ProQOL 5) burnout symptom tool (Stamm, 2012) (see appendix D) (approximately 10 minutes). The DNP project leader will not have access to your pre and post ProQOL 5 survey results. Before completing the educational modules, you will be asked to complete an anonymous pre-survey through Survey Monkey (see appendix F).
- You will be asked to participate in weekly self-care practices as outlined in the modules on the D2L intranet website "Holistic Nurse Certification Course for Faculty." (each session is approximately 10 minutes) for a month (January 2022).

- At the end of the project, you will be asked to complete the ProQOL 5 burnout symptom tool (Stamm, 2012) (approximately 10 minutes). The DNP project leader will not have access to your post-ProQol 5 survey results.
- At the end of the project, you will be asked to complete an anonymous post-survey through Survey Monkey (See appendix G) on the D2L intranet website to evaluate your experience using the educational module. Questions you will be asked will include: was helpful to you, what was helpful to you, and could the self-care practices be integrated into your courses (see appendix E) (approximately 10 to 15 minutes).

In total, this project will take approximately two hours to complete.

What if I decide I don't want to be in this project?

Participation in this project is completely voluntary. If you decide you do not want to participate in this project, please feel free to say so. If you decide to participate in this project but later change your mind and want to withdraw, you may withdraw from this project at any time. You may withdraw until January 31, 2022, after which time withdrawal will no longer be possible. Your decision of whether or not to participate will have no negative or positive impact on your relationship with St. Catherine University, nor with any of the students or faculty involved in this DNP project.

What are the risks (dangers or harms) to me if I am in this project?

This project has the potential to cause harm by the invasion of privacy to the subjects and/or their families.

What are the benefits (good things) that may happen if I am in this project?

There are no direct benefits of being in this project. An indirect benefit is that this project will contribute to the literature and knowledge about nursing faculty burnout, promote better self-care for nursing faculty, and mitigate their risk of developing burnout.

Will I receive any compensation for participating in this project?

No.

What will you do with the information you get from me, and how will you protect my privacy?

The information provided for this Quality Improvement project will be saved on the St. Catherine University Box system. Only the DNP student and the advisor will look at the collected data. Any identifying information will be removed, and only de-identified data will be published.

Any information provided will be kept confidential, which means that you will not be identified or identifiable in any written reports or publications. If it becomes useful to disclose any of your information, the DNP project leader will seek your permission and tell you the persons or agencies to whom the information will be furnished, the nature of the information to be

furnished, and the purpose of the disclosure; you will have the right to grant or deny permission for this to happen. If you do not grant permission, the information will remain confidential and will not be released.

Could my information be used in the future?

Yes, your data may be used to do another project related to this topic area. All collected data will be de-identified and may be used in the future or be given to another investigator for future use without gaining additional informed consent.

Are there possible changes to the project once it gets started?

If, during the course of this project, the DNP project leader learns about new findings that might influence your willingness to continue participating in the project, they will inform you of these findings.

How can I get more information?

If you have any questions or additional questions later and would like to talk to the faculty advisor, please contact Dr. Susan Hageness, DNP, RN, CNE, AHN-BC Associate Professor, Department of Nursing at St. Catherine University at smhageness@stkate.edu. If you have other questions or concerns regarding the project and would like to talk to someone other than the individual above, you may also contact Dr. John Schmitt, Chair of the St. Catherine University Institutional Review Board, at (651) 690-7739 or jsschmitt@stkate.edu.

You may keep a copy of this form for your records.

Statement of Consent

I have read the above information. I feel I understand the project well enough to make a decision about my involvement. By clicking the link below, I understand and agree to the terms described above. Please indicate your consent by clicking the link below.

Appendix C

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

© B. Hudnall Stamm, 2009-2012. Professional Quality of Life: Compassion Satisfaction and Fatigue Version 5 (ProQOL). www.proqol.org. This test may be freely copied as long as (a) author is credited, (b) no changes are made, and (c) it is not sold. Those interested in using the test should visit www.proqol.org to verify that the copy they are using is the most current version of the test.

YOUR SCORES ON THE PROQOL: PROFESSIONAL QUALITY OF LIFE SCREENING Based on your responses, place your personal scores below. If you have any concerns, you should discuss them with a physical or mental health care professional.

Compassion Satisfaction _____ Compassion satisfaction is about the pleasure you derive from being able to do your work well. For example, you may feel like it is a pleasure to help others through your work. You may feel positively about your colleagues or your ability to contribute to the work setting or even the greater good of society. Higher scores on this scale represent a greater satisfaction related to your ability to be an effective caregiver in your job. If you are in the higher range, you probably derive a good deal of professional satisfaction from your position. If your scores are below 23, you may either find problems with your job, or there may be some other reason—for example, you might derive your satisfaction from activities other than your job. (Alpha scale reliability 0.88)

Burnout _____ Most people have an intuitive idea of what burnout is. From the research perspective, burnout is one of the elements of Compassion Fatigue (CF). It is associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively. These negative feelings usually have a gradual onset. They can reflect the feeling that your efforts make no difference, or they can be associated with a very high workload or a non-supportive work environment. Higher scores on this scale mean that you are at higher risk for burnout. If your score is below 23, this probably reflects positive feelings about your ability to be effective in your work. If you score above 41, you may wish to think about what at work makes you feel like you are not effective in your position. Your score may reflect your mood; perhaps you were having a "bad day" or are in need of some time off. If the high score persists or if it is reflective of other worries, it may be a cause for concern. (Alpha scale reliability 0.75)

Secondary Traumatic Stress _____ The second component of Compassion Fatigue (CF) is secondary traumatic stress (STS). It is about your work related, secondary exposure to extremely or traumatically stressful events. Developing problems due to exposure to other's trauma is somewhat rare but does happen to many people who care for those who have experienced extremely or traumatically stressful events. For example, you may repeatedly hear stories about the traumatic things that happen to other people, commonly called Vicarious Traumatization. If your work puts you directly in the path of danger, for example, field work in a war or area of civil violence, this is not secondary exposure; your exposure is primary. However, if you are exposed to others' traumatic events as a result of your work, for example, as a therapist or an emergency worker, this is secondary exposure. The symptoms of STS are usually rapid in onset and associated with a particular event. They may include being afraid, having difficulty sleeping, having images of the upsetting event pop into your mind, or avoiding things that remind you of the event. If your score is above 41, you may want to take some time to think about what at work may be frightening to you or if there is some other reason for the elevated score. While higher scores do not mean that you do have a problem, they are an indication that you may want to examine how you feel about your work and your work environment. You may wish to discuss this with your supervisor, a colleague, or a health care professional. (Alpha scale reliability 0.81) © B. Hudnall Stamm, 2009-2012. Professional Quality of Life: Compassion Satisfaction and Fatigue Version 5 (ProQOL). www.proqol.org. This test may be freely copied as long as (a) author is credited, (b) no changes are made, and (c) it is not sold. Those interested in using the test should visit www.proqol.org to verify that the copy they are using is the most current version of the test.

3 WHAT IS MY SCORE AND WHAT DOES IT MEAN? In this section, you will score your test so you understand the interpretation for you. To find your score on each section, total the questions listed on the left and then find your score in the table on the right of the section.

Compassion Satisfaction Scale Copy your rating on each of these questions on to this table and add them up. When you have added then up you can find your score on the table to the right.

3. ____ 6. ____ 12. ____ 16. ____ 18. ____ 20. ____ 22. ____ 24. ____ 27. ____ 30. ____

Total: ____ The sum of my Compassion Satisfaction questions is

And my Compassion Satisfaction level is

22 or less Low
Between 23 and 41 Moderate
42 or more High

Burnout Scale On the burnout scale you will need to take an extra step. Starred items are "reverse scored." If you scored the item 1, write a 5 beside it. The reason we ask you to reverse the scores is because scientifically the measure works better when these questions are asked in a positive way though they can tell us more about their negative form. For example, question 1. "I am happy" tells us more about the effects of helping when you are not happy

so you reverse the score You Wrote Change to 5 2 4 3 3 4 2 5 1 *1. ____ = ____ *4. ____ = ____ 8. ____
 10. ____ *15. ____ = ____ *17. ____ = ____ 19. ____ 21. ____ 26. ____ *29. ____ = ____ Total: ____
 The sum of my Burnout Questions is And my Burnout level is 22 or less Low Between 23 and 41
 Moderate 42 or more High Secondary Traumatic Stress Scale Just like you did on Compassion
 Satisfaction, copy your rating on each of these questions on to this table and add them up. When you have
 added then up you can find your score on the table to the right. 2. ____ 5. ____ 7. ____ 9. ____ 11. ____
 13. ____ 14. ____ 23. ____ 25. ____ 28. ____ Total: ____ The sum of my Secondary Trauma questions
 is And my Secondary Traumatic Stress level is 22 or less Low Between 23 and 41 Moderate 42 or more
 High

Appendix D

Self-care Modules List

1. Introduction to burnout management – Define compassion fatigue, burnout, and secondary stress reaction, discuss the adverse outcomes of burnout, and how this DNP project helps reduce burnout. Each week there will be a new self-care practice to try as listed below.
2. breathing
3. meditation
4. progressive muscle relaxation
5. guided imagery relaxation
6. Reflection: When you rated yourself with the PROQOL 5 before and after, did your scores change? How? What was most surprising?

Appendix E

Pre-Project Survey

1. Overall, how do you rate your stress?
2. Do you integrate self-care?
3. Which self-care practices do you find most helpful?
4. How often do you integrate self-care practices into your personal life?
5. If you do not incorporate self-care daily in your personal life, what prevents you?
6. Would you like more information on self-care practices?
7. What was your compassion satisfaction level from the Professional Quality of Life Self-Score Measure (ProQOL 5)?
8. What was your burnout level from the Professional Quality of Life Self-Score Measure (ProQOL 5)?
9. What was your secondary traumatic stress level from the Professional Quality of Life Self-Score Measure (ProQOL 5)?
10. Any additional comments or other feedback.

Appendix F
Post-Project Survey

1. Overall, how do you rate your stress?
2. How often did you participate in self-care practices?
3. Did your stress level change after using the self-care modules?
4. How often did you participate in self-care practices?
5. Which self-care practices did you find most helpful?
6. Did you integrate the self-care practices or education on burnout in your nursing courses?
7. After participating in the self-care modules, what was your compassion satisfaction level from the Professional Quality of Life Self-Score Measure (ProQOL 5)?
8. After participating in the self-care modules, what was your burnout level from the Professional Quality of Life Self-Score Measure (ProQOL 5)?
9. After participating in the self-care modules, what was your secondary traumatic stress level from the Professional Quality of Life Self-Score Measure (ProQOL 5)?
10. Did you find the educational modules helpful in managing stress? (please specify which modules: introduction, breathing, meditation, progressive muscle relaxation, guided imagery relaxation, or reflection)