Reducing Compassion Fatigue on a Cardiac Telemetry Unit

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N660 Evidence Based Improvement Project Prospectus

Adapted from Squire 2.0 Guidelines

Reducing Compassion Fatigue on a Cardiac Telemetry Unit

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Instructor: Dr. David Ainsworth

July 21, 2024
Abstract

**Background:** Compassion fatigue (CF) among nurses is a significant concern affecting both individual well-being and patient care outcomes. Findings from a 2020 national survey found two-thirds of nurses (62%) struggle with CF and even a high rate for those nurses under the age of 25 years. Through a review of current literature and case studies, the effectiveness of these interventions in reducing stress, enhancing resilience, and improving overall job satisfaction among healthcare professionals is examined. Practical implications for implementing these interventions in healthcare organizations are discussed, emphasizing the potential for creating supportive environments that foster emotional and mental well-being among staff. This quality improvement project aims to address CF through targeted interventions at a tertiary care hospital.

**Problem:** Concerns for staff retention and turnover were raised in a cardiac telemetry unit. Following the COVID-19 pandemic, the unit witnessed a 10% reduction in nursing staff and a 3% decrease in Patient Care Technicians (PCTs). Results from a Professional Quality of Life scale (ProQOL) survey indicated that the unit is experiencing moderate levels of compassion fatigue among its staff.

**Interventions:** Education was given on the significance of practice of mindfulness exercises. Under the unit-based council and leadership’s direction, a wellness room was established, and integrated mindfulness exercises into daily staff huddles.

**Results:** Burnout score reduced from 25 (Moderate) to 21.1 (Low). The mean burnout score decreased by 12%.
Conclusion: Mindfulness interventions were successful in reducing compassion fatigue among care givers in a cardiac telemetry unit. Results from this project are expected to contribute valuable insights into effective strategies for mitigating CF among healthcare professionals, thereby improving both patient outcomes and staff satisfaction.

Keywords: compassion fatigue, nursing burn-out, interventions, wellness rooms
Personal Leadership Statement

Leadership has been identified as crucial in formulating and maintaining healthcare efficiency and quality improvements. The role of a Clinical Nurse Leader (CNL) is to advocate when needed, hold others accountable for their praxis, acknowledge good work, and provide opportunities for professional growth (King, 2019). Before transitioning to leadership, I allowed for self-reflection, wondering what would make a great leader. I desired someone willing to advocate when needed, hold others accountable to their praxis, acknowledge good work, and provide opportunities for professional growth. Recognizing my vast experience, I envisioned becoming a bridge that connected the two teams. According to King (2019), management and leadership are separate entities. While management focuses on accomplishing goals, leadership focuses on a collaborative process. I aspire to be a transformational leader, creating a positive work environment that fosters and supports authentic professional development with self-awareness and integrity.

Compassion fatigue (CF) in nursing has become more prevalent, especially in high-acuity units (Yi et al., 2022). Recognizing the impact CNLs have on their microsystem incorporating transformational theory (King, 2019) into an improvement project addressing CF and providing an alternative environment allowing staff to decompress from the shift’s stressors in a cardiac telemetry unit would not only improve the morale of staff but inadvertently improve the quality of care (Xie et al., 2021).

Problem Description

After the pandemic, nurses worldwide suffered from burnout and increased compassion fatigue. Results from a 2020 national survey found two-thirds of nurses
(62%) struggle with CF and even a high rate for those nurses under the age of 25 years (ANA 2024). Compassion fatigue (CF) is a form of stress that develops as one becomes exposed to other individuals' traumas. A review by Xie et al. (2021) found that CF can affect relationships, mental health, and a nurse's quality of care. Similar observations were noted in a cardiac telemetry unit whose overall care experience scores dropped from the 80th percentile to the '70s, and the incidence of medication errors increased by five percent. Patient satisfaction is a crucial metric for healthcare providers as Medicare and Medicaid services are exploring “care relationships” for their beneficiaries (Markowitz & Coffield, 2022). Working in the healthcare setting, nurses struggled daily with life's stressors as they cared for those dealing with illness and death.

The organization faces additional challenges as it takes three months to recruit experienced candidates. Effective staff retention is crucial for organizational success, ensuring continuity, stability, and sustained productivity. Interventions to combat or reduce levels of CF include education, mindfulness rooms, and work/life balance (Xie et al., 2021). Healthcare organizations and management should consider and implement preventative measures to ensure a healthy work environment.

In a cardiac telemetry unit, there are concerns about increased compassion fatigue believed to affect turnover rates and staff retention. Following the COVID-19 pandemic, the unit saw a 10% reduction in nursing staff and a 3% decrease in Patient Care Technicians (PCTs). Hooper (2023) reported that nursing retention rates nationwide have risen significantly, from 3.2% to 12.2% and now to 27.1%, with particularly high rates observed in step-down, emergency, and telemetry units. The
cardiac telemetry unit completed a validated ProQOL survey to obtain baseline data and found a fatigue score of 25, which related moderate compassion fatigue.

**Specific Project Aim**

The project aims to decrease compassion fatigue from a score of 25 (Moderate) to a 22 (13% reduction) on the ProQOL survey (Appendix B) by July 2024 in a cardiac telemetry unit.

**Available Knowledge**

Database search engines (PubMed, CINAHAL, Cochrane Review, and Scopus) were used to find supporting data. Search terms were divided into four groups. Group 1: *Compassion fatigue* (CF). Group 2: *Interventions and wellness rooms*. Group 3: *nursing*. Five hundred articles populated from the search engine, understanding the importance of up-to-date data, articles written earlier than 2015 or in non-English were excluded. The PICO question: In Nursing (P), does the use of a wellness room to practice mindfulness (I) compared to non-users of a wellness room (C) help reduce compassion fatigue among nurses within six weeks of implementation? After applying the John Hopkins Evidence Level Quality Control tool (Dang et al., 2022), the following five articles were selected for their findings and type of case study (Appendix C).

A quasi-experimental study tested a single group of 60 nurses pre and post-test using a wellness room (Jacques et al., 2018). The study covered different modalities for managing compassion fatigue with classes, physical activity, wellness days, and acupuncture. Results obtained from the case study's data did not associate with significant improvement of CF, but it did open the discussion of a multimodal approach. While comparing the occupational stress levels evaluated in the Demand-Control-
Support Questionnaire, the Wilcoxon test validated the results before and after the intervention in the professional category. The level of significance reported value at p <0.05. While the literature conveyed that high stress led to staff dissatisfaction and increased compassion fatigue (CF), there was an increase in staff appreciation of manager recognition. Reviewing the Johns Hopkins Nursing Evidence-Based Practice (JHNEBP), the studies' rating earned a Level II-C due to the limitation of the focus group and the researchers selected their test subjects, which can introduce bias.

Zhang et al. (2022) performed a systematic review and meta-analysis review of 21 studies had 7,996 respondents, with a response rate of 60.36%. The study found that the nurses working in the medical or surgical units and psychiatry had the lowest rates of compassion satisfaction and the highest CF. A conclusion drawn from the study found that the level of education played a role as data found that nurses with bachelor’s or master’s degrees were significantly inversely associated with CF prevalence (coefficient: -1.187) and burnout (coefficient: -0.810). Using the JHNEBP, the study’s data falls under Level III-A for the validity of the tools used to assess CF. Even though the study presented some heterogeneity in the metanalysis, the only limitation noted was the post-survey location. The evidence of higher education and alternative modalities can improve CF.

A systematic review and meta-analysis reviewed 79 studies on compassion fatigue of 28,509 nurses worldwide from 11 countries (Xie et al., 2021). Reviewers independently completed study selection, quality assessments, data extraction, and analysis of all included literature. The time frame for the searches included all literature before January 31st, 2020. Further analysis of the study reviewed geographical
location, the study's age, nursing departments, and bias sensitivity. Prevalence rates of compassion satisfaction, CF, and burnout were 47.55%, 52.55%, and 51.98%.

Concluding, using the JHNEBP, the study's appraisal rating is Level III-B.

A cross-sectional study performed by Chang et al. (2017) provides insight on how burnout can impact the three components of nursing commitment (affective, continuance and normative). An aspect that can prove useful for leadership to implement as it can effectively retain nursing staff. In assessing CF, most of the studies reviewed used the ProQOL scale, which has been validated and has high reliability and validity (Patole et al., 2024). On the JHNEBP, the study's appraisal rating is Level III C.

Patole et al. (2024) conducted a systematic review focusing on randomized controlled trials, widely regarded as the gold standard, assessing CF. Many of these studies employed the ProQOL survey for measurement purposes. The review aimed to evaluate interventions targeting empathy to potentially alleviate CF. Out of fifteen studies reviewed, nine reported a decrease in CF following these interventions. According to the Johns Hopkins Nursing Evidence-Based Practice appraisal rating, the study is categorized as Level IB.

Each article provides a different insight into how working in the healthcare industry can affect one's CF. Evidence supports that addressing mental health is vital in reducing CF. The American Academy of Nursing (AAN) prioritized addressing these stressors by changing the climate of the working environment (Grant et al., 2020).
Rationale

According to Xie et al. (2021), compassion fatigue (CF) is a form of stress that develops as one becomes exposed to other individuals' traumas. Those working in the healthcare setting, significantly nurses, struggled daily with life's stressors as they cared for those dealing with illness. Not only does CF affect relationships and mental health, but for nurses, it can affect the quality of care they provide. McGonigal (2017) shares that in compassion fatigue (CF), people are overwhelmed by the amount of suffering, increasing their empathic distress, finding fault in their efforts, and decreasing their compassion. Episodes of this state test one's principles, cloud one's values, and question the intention to care for others. A restoring practice of self-care to prevent CF is to bring empathy and mindfulness to any situation.

Utilizing Kotter's Eight Steps of change theory (Appendix D) (Beaudin, 2022), the cardiac telemetry unit's Voice of Nursing Committee (VON) created urgency (step 1) to address their staff's morale and CF due to increased floor acuity and staffing retention. Collaborating with management and nursing education, the VON (step 2), created a vision for change (step 3) and armed with a PICO question, auditing tool, and support, the VON researched evidence-based studies and reviews on current interventions and theories on decreasing CF. The multi-disciplinary team then created visual and communication content to enhance buy-in and inform staff how CF affects one's nursing practice (step 4). Using Watson’s Caring Science (Sitzman & Watson, 2016), the VON created a wellness space conducive to practicing deep breathing, relaxation, and recentering- (step 5). The final steps of Kotter's change theory of empowering
participants, short goals, and collecting data will allow the VON members and staff to report findings while participating in change to combat CF (Beaudin, 2022).

**Context**

To provide a systematic and comprehensive approach to problem solving an assessment was done utilizing Dartmouth Institute 5 P’s assessment of a microsystem (2005). In a bay area hospital, a cardiac telemetry unit supports a variety of cardiac procedures such as open-heart surgeries, advance heart failure and post cardiac intervention with 100 staff consisting of 70 nurses, 10 patient care technicians (PCT), and 20 axillary staff. The unit houses 31 beds with an average census of 28 patients and eight to ten discharges a day. Staff expressed concerns about increased compassion fatigue and maintaining staff retention. After the COVID-19 pandemic, the unit experienced a 10% loss in nursing staff and three percent in PCTs. Pretest compassion fatigue results noted a score of 25 (Moderate) on the ProQOL survey. The work culture of the microsystem follows magnet values, evident by their Beacon Award of Silver in 2023. Projects are heavily driven by the voice of the nursing council (VON) with the support of leadership. Performance results are reported at the end of the year with A3s and shared with staff and outside of the microsystem. Process improvements follow the Plan, Do, Study, Act (PDSA) and Kotter’s eight-step change theory and create interdependence among the staff. Education is a shared responsibility of the education department and staff, who lead team huddles and meetings. At the macrosystem level, the organization incorporates Jean Watson’s theory of Caring Science to help mitigate CF. Their mission is to improve culture and quality through compassion and care.
A SWOT analysis was performed (Appendix E) to identify the project's strengths, weaknesses, opportunities, and threats. One favorable factor is that the organization already uses caring science to improve its work culture and patient care. Also, the organization is looking to gain Magnet status hospital-wide, so allowing a project led by staff to address their unit's mental health to improve compassion fatigue can undoubtedly help in that endeavor. A few weaknesses that can threaten the project are limited support from leadership, finding resources, and staff participation. In evaluating the power interest of stakeholders (Appendix F), patients and bedside staff closely involved in the initiative have significant influence. It is crucial to engage and manage their expectations actively, by having one on one check ins with staff, email messaging, team meetings and nursing huddles. Analyzing the stakeholders within this format allows project leads to tailor their communication and engagement strategies accordingly.

**Intervention**

The project aims to create a supportive learning environment for mindfulness practices among staff members. The committee consisted of four bedside nurses, one project lead, and additional resources provided by nursing education, engineering, and environmental services. To start, participants were educated on the signs of CF and its effects on patient care. Following this training, staff received guidance on incorporating self-care techniques, including mindfulness, relaxation exercises, nutrition, exercise, and sleep management. The project also involved creating a designated “caritas” area within the unit to encourage staff participation during their shifts. Additionally, mindfulness exercises were integrated at the beginning of each nursing huddle.
Research shows that onboarding a new nurse cost approximately $55,000 annually, amounting to $495,000 per year (Appendix A), not including specialized unit training (Bae, 2022). Appendix A provides details on the projected startup and annual maintenance costs the new space. By implementing this improvement project, the goal was to reduce CF and address staffing turnover rate by 12%, potentially avoiding an annual cost $216,410 per year.

**Study of Intervention**

A family of measure were established in a project charter (Appendix G) to monitor the project’s progress, focusing on outcome measures including a targeted 10% reduction in CF from baseline and the maintenance of staff retention rates over eight weeks, assessed using pre and post-intervention ProQOL surveys. Process measures involved conducting and reviewing exit interviews, evaluating unit care experience scores, and implementing periodic Plan-Do-Study-Act (PDSA) cycles to assess the effectiveness of introduced interventions (Appendix H). Initial PDSA cycles incorporated various mindfulness exercises, with project leads and leadership overseeing delivery (Appendix I). Staff input via a survey guided the selection of mindfulness tools, including access to the CALM app provided by the organization for use in the dedicated wellness room. Throughout the implementation phase, project leads conducted regular check-ins to monitor staff engagement with exercise and the utilization of the provided space. At the conclusion of the six-week period, participants reassessed their compassion fatigue levels by completing the ProQOL survey administered at the project’s outset.
Ethical Considerations

Reducing compassion fatigue, a challenge that healthcare providers face in maintaining empathy and quality of care, is intricately tied to Jesuit values and the ethical standards the American Nurses Association (ANA) set forth. This commitment to holistic care and professional integrity not only benefits the patients but also the caregivers themselves, emphasizing their crucial role in the process. The focus of the quality improvement project (QIP), was to explore different avenues to educate, provide solutions, and improve nursing morale using principles from Jesuit teachings and ANA ethical standards to mitigate compassion fatigue, enhancing the well-being of caregivers and patients.

Jesuit values, rooted in the teachings of St. Ignatius of Loyola, emphasize the importance of cura personalis or care for the whole person. This holistic approach not only encourages healthcare providers to consider the physical ailments of their patients but also their emotional, spiritual, and social needs (Richards & Kealey, 2022). By embracing cura personalis, caregivers can prevent compassion fatigue by fostering a deeper connection with their patients and maintaining a sense of purpose in their work. Ignatian spirituality also promotes reflection and discernment, a vital tool in preventing burnout. A way the QIP addressed this issue was to incorporate deep breathing and centering exercises during huddles at the start of the shift. Also, the project incorporated a wellness room to provide the space needed for those struggling with compassion fatigue during the shift. This self-awareness helps caregivers to regularly evaluate their motivations and emotional responses to patient care and replenish their compassion.
reserves through prayer, meditation, and community support, empowering them in their caregiving roles.

Similarly, the ANA Code of Ethics for Nurses provides a framework for ethical decision-making and professional behavior in nursing practice. Central to this code is the principle of nonmaleficence, which requires nurses to prevent harm and promote the well-being of their patients (American Nurses Association (ANA), 2015). By adhering to ethical standards such as advocacy, accountability, and respect for human dignity, nurses can mitigate the emotional toll of caregiving and maintain their compassion. This includes participating in peer support groups, continuing education on self-care strategies, and advocating for workplace policies that prioritize staff well-being, a significant driver of the quality improvement project addressing compassion fatigue. Ethical practice not only enhances patient outcomes but also safeguards the emotional resilience of nurses, enabling them to sustain compassionate care over time (Hatchett et al., 2015).

One notable concern is the potential bias stemming from the project leads, whose perspectives and interests might influence the direction and outcomes of the study. Furthermore, the values derived from a dataset with only a 40% participation rate may not accurately represent the broader population, potentially skewing interpretations, and conclusions. Despite efforts to ensure anonymity in the survey, there remains the risk that participants could repeat the test, compromising the integrity of the data. This project has been approved as a quality improvement project by faculty using QI review guidelines and does not require IRB approval (Appendix J).
Outcomes Measure Results

At the beginning of the project, the unit’s CF score was 25 (Moderate) on the ProQOL scale. Following an eight-week intervention and two Plan-Do-Study-Act (PDSA) cycles, the CF scores decreased by 12% to 21.1 (Low), meeting the project’s objective. The number of respondents fell from 34 in the pre-test to 20 in the post-test (Appendix K). The findings proven to be unexpected as the use of the caritas room was limited at the beginning and participation of the daily mindfulness exercises was not consistent. Over the eight weeks, the unit experienced a loss of five nurses, with 60% leaving due to relocation and 40% due to burnout. This compares favorably to the gap analysis created at the beginning of project (Appendix L).

Summary

Key Findings

Compassion fatigue can negatively affect one’s ability to provide safe patient care. Interventions to combat compassion fatigue benefit from a multimodal approach.

Lessons Learned

In the early phases of the project, several key elements contributed to its successful improvement. Engaging relevant stakeholders—such as frontline staff, a shared governance group, and leadership, brought diverse perspectives and fostered greater buy-in for the proposed changes. Additionally, using a project charter helped keep goals and objectives clear, preventing ambiguity that could lead to wasted efforts and unclear outcomes.
What Contributed to Successful of Change

Overall, the project established a supportive environment that empowers frontline staff to combat CF effectively, ensuring sustained quality of care and organizational stability in the face of ongoing healthcare challenges. Utilizing the unit-based counsel and having the support of leadership increased the sustainability of the interventions. While the feedback was less than 50%, peer feedback shared appreciation addressing challenges the unit is facing and trying to make a change.

Conclusion

Usefulness of the Work

Compassion plays a crucial role in motivating care for others; however, prolonged exposure to stressful situations, where nurses are unable to address their own emotional needs, can lead to CF and burnout. In every project, the balance of strengths and unfavorable constraints can make or break any improvement project. Without the support of the stakeholders, funding, and allocated space, the project can experience barriers. Implementing improved managerial practices that emphasize education resilience training could help reduce the rate of CF and burnout, potentially leading to lower nurse turnover rates.

Sustainability

The interventions applied in the project have the potential to maintain sustainability. Appendix J illustrates daily mindfulness exercises that staff and leadership can perform during huddle. The guide is posted on the staff and unit’s communication board for everyone to follow.
Potential for Spread

Based on our findings, CF can significantly impact those who provide care. Sharing successful strategies and ideas can inspire others to achieve similar outcomes. Collaboration between units promotes a dynamic exchange of knowledge and resources, fostering creativity and sparking new initiatives. This not only aids in the project’s growth but also enriches the collective expertise of the network. For those considering implementing this project, it is recommendation to establish a shared governance group with staff representatives from all shifts to ensure consistent support. While quick surveys were useful for gathering feedback, they were also time-consuming, so it is important to allow sufficient time for responses. Additionally, maintaining continuous updates on project progress was crucial for keeping those not involved in day-to-day operations informed.

Implications for practice

Initial phases of the project it was imperative to have staff participation to create buy-in. It is important to note, not everyone was willing to participate in the daily mindfulness exercise. Focusing on those who are willing to participate sparked a new culture and appreciation for starting the shift in a calm state. The wellness room, while beneficial, did rely on the donations of the staff and leadership. Once established maintaining the room’s environment became a collaborate effort. Incorporating a multimodal approach to alleviate CF would benefit the staff, as indicated in the studies reviewed, and the care patients receive. The Institute of Health Care Improvement (n.d) explains that for one to be successful in cultivating change, it is essential to have
stakeholders, such as management, unit committee, nurse educators, and providers, input their knowledge.
References


Collaborative Learning. *Journal of Health Ethics*, 11(1). [http://dx.doi.org/10.18785/ojhe.1101.04](http://dx.doi.org/10.18785/ojhe.1101.04)


**Appendix A**

**Budget and Return on Investment**

Cost Analysis: Creating a Wellness Room to reduce Nursing Turnover by 50% and Compassion Fatigue

<table>
<thead>
<tr>
<th>Improvement Result (Cost Avoidance)</th>
<th>1 Day</th>
<th>6 Weeks</th>
<th>Yearly Average RN Turnover</th>
<th>Annual Cost</th>
<th>2nd Year Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Average of onboarding new hires</td>
<td>$2,291.67</td>
<td>$55,000.00</td>
<td>8</td>
<td>$400,000.00</td>
<td>Assumption Training days complete an FTE before 6 weeks</td>
</tr>
<tr>
<td>Total Reduction of Turnover</td>
<td>4</td>
<td>$220,000.00</td>
<td>$220,000.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Improvement Cost</th>
<th>Number</th>
<th>Hourly Rate + Benefits</th>
<th>Annual Cost [5 Hrs.]</th>
<th>2nd Year Cost [3 Hrs.]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse Committee</td>
<td>4</td>
<td>$85.00</td>
<td>$1,700.00</td>
<td>$1,800.00</td>
</tr>
<tr>
<td>Nurse Leader</td>
<td>1</td>
<td>$110.00</td>
<td>$550.00</td>
<td>$330.00</td>
</tr>
<tr>
<td>Environmental Services (EVS)</td>
<td>1</td>
<td>$55.00</td>
<td>$275.00</td>
<td>$165.00</td>
</tr>
<tr>
<td>Engineering</td>
<td>1</td>
<td>$75.00</td>
<td>$375.00</td>
<td>$375.00</td>
</tr>
<tr>
<td><strong>Total Cost</strong></td>
<td></td>
<td></td>
<td>$2,900.00</td>
<td>$1,515.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Materials</th>
<th>Annual Cost</th>
<th>2nd Year Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair</td>
<td>$500.00</td>
<td></td>
</tr>
<tr>
<td>Diffuser/ oills</td>
<td>$50.00</td>
<td>$50.00</td>
</tr>
<tr>
<td>Lights</td>
<td>$20.00</td>
<td></td>
</tr>
<tr>
<td>Shelf</td>
<td>$20.00</td>
<td></td>
</tr>
<tr>
<td>Wall Covering</td>
<td>$100.00</td>
<td></td>
</tr>
<tr>
<td><strong>Total Cost</strong></td>
<td>$690.00</td>
<td>$50.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Projected Saves / Cost Avoidance [ROI]</th>
<th>Reduced Turn Over</th>
<th>Cost Avoidance</th>
<th>Year 1 Total Avoidance</th>
<th>Year 2 Total Avoidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Reduction of Turnover by 50%</td>
<td>494</td>
<td>$220,000.00</td>
<td>$216,410.00</td>
<td>$216,428.00</td>
</tr>
</tbody>
</table>
Appendix B

Pre and Post Survey

Managing Stress and Burnout amongst Cardiac Telemetry Staff Questionnaire

Hello staff! We would like you to take a few minutes to answer some questions to help VON obtain baseline data regarding our project on managing stress and burnout as nurses.

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

14 QUESTIONS

© B. Hudnall Stamm, 2009. Professional Quality of Life: Compassion Satisfaction and Fatigue Version 5 (ProQOL). www.isu.edu/~bhstamm or 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.

1. I am happy.

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

○ ( ) 1
○ ( ) 2
○ ( ) 3
○ ( ) 4
○ ( ) 5

2. I get satisfaction from being able to [help] people. *

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

○ ( ) 1
○ ( ) 2
○ ( ) 3
○ ( ) 4
○ ( ) 5

3. I feel connected to others. *

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

○ ( ) 1
○ ( ) 2
○ ( ) 3
○ ( ) 4
○ ( ) 5
○ ( ) Other:

4. I feel invigorated after working with those I [help]. *

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

○ ( ) 1
○ ( ) 2
○ ( ) 3
○ ( ) 4
○ ( ) 5
5. I am not as productive at work because I am losing sleep over traumatic experiences of a person I help. *
   Scale: 1=Never  2=Rarely  3=Sometimes  4=Often  5=Very Often
   ○ ( ) 1
   ○ ( ) 2
   ○ ( ) 3
   ○ ( ) 4
   ○ ( ) 5

6. I like my work as a helper. *
   Scale: 1=Never  2=Rarely  3=Sometimes  4=Often  5=Very Often
   ○ ( ) 1
   ○ ( ) 2
   ○ ( ) 3
   ○ ( ) 4
   ○ ( ) 5

7. I have beliefs that sustain me. *
   Scale: 1=Never  2=Rarely  3=Sometimes  4=Often  5=Very Often
   ○ ( ) 1
   ○ ( ) 2
   ○ ( ) 3
   ○ ( ) 4
   ○ ( ) 5

8. I am pleased with how I am able to keep up with helping techniques and protocols. *
   Scale: 1=Never  2=Rarely  3=Sometimes  4=Often  5=Very Often
   ○ ( ) 1
   ○ ( ) 2
   ○ ( ) 3
   ○ ( ) 4
   ○ ( ) 5

9. My work makes me feel satisfied. *
   Scale: 1=Never  2=Rarely  3=Sometimes  4=Often  5=Very Often
   ○ ( ) 1
   ○ ( ) 2
   ○ ( ) 3
   ○ ( ) 4
   ○ ( ) 5

10. I feel worn out because of my work as a helper. *
    Scale: 1=Never  2=Rarely  3=Sometimes  4=Often  5=Very Often
    ○ ( ) 1
    ○ ( ) 2
    ○ ( ) 3
    ○ ( ) 4
    ○ ( ) 5

11. I feel overwhelmed because my case [work] load seems endless. *
    Scale: 1=Never  2=Rarely  3=Sometimes  4=Often  5=Very Often
    ○ ( ) 1
    ○ ( ) 2
    ○ ( ) 3
    ○ ( ) 4
    ○ ( ) 5
12. I feel "bogged down" by the system.
   Scale: 1=Never  2=Rarely  3=Sometimes  4=Often  5=Very Often
   ○ ( ) 1
   ○ ( ) 2
   ○ ( ) 3
   ○ ( ) 4
   ○ ( ) 5

13. I have thoughts that I am a "success" as a [helper].
   Scale: 1=Never  2=Rarely  3=Sometimes  4=Often  5=Very Often
   ○ ( ) 1
   ○ ( ) 2
   ○ ( ) 3
   ○ ( ) 4
   ○ ( ) 5

14. I am happy that I chose to do this work.
   Scale: 1=Never  2=Rarely  3=Sometimes  4=Often  5=Very Often
   ○ ( ) 1
   ○ ( ) 2
   ○ ( ) 3
   ○ ( ) 4
   ○ ( ) 5

Thank you for dedicating your time to fill out this questionnaire. It is designed to gather baseline data on everyone's current stress and burnout management. In a few months, after implementing our interventions, we will resend the questionnaire to compare results.

We appreciate your participation in this survey.

Voice of Nursing
## Appendix C

### Evaluation of Reference Articles

#### PICOT Question

In nursing (P), does the practice of mindfulness (I) compared to non-practitioners (C) help reduce compassion fatigue/ burn out among nurses (O) within a two-month period (T)

<table>
<thead>
<tr>
<th>Study &amp; Citation</th>
<th>Design</th>
<th>Sample</th>
<th>Feasibility</th>
<th>JHNEBP Appraisal Rating</th>
</tr>
</thead>
</table>
**Setting:** room in the workplace, that conducted sections of aesthetic care, relaxation, lectures, and workshops  
Participants participated in the pre & post-intervention evaluation. | **Findings:** there was a decrease in the perception of work demand and an increase in perceived control and social support received at work  
Multimodal approaches using more than one technique produce better effects on occupational stress and contribute to the creation of mentally healthy workplaces.  
**Strengths:** Data were collected through the Demand-Control-Support Questionnaire before and after the intervention, and the Wilcoxon test performed the comparative analysis test. | Level II C |
| Xie, W., Chen, L., Feng, F., Okoli, C. T. C., Tang, P., Zeng, L., Jin, M., Zhang, Y., & Wang, J. (2021). The prevalence of compassion satisfaction and compassion fatigue | Systematic Review and Meta-analysis | **Sample:** 79 studies were included in the systematic review and meta-analysis, consisting of 28,509 nurses | **Findings:** Levels of compassionate fatigue in nurses increased gradually from 2010 to 2019, reaching the highest level in 2019 | Level III B |

**Setting:** reviewers independently completed study selection, quality assessments, data extraction, and analysis of all included literature.

**Strengths:** The mean scores and standard deviations of the three subscales of the Professional Quality of Life (ProQOL) scale were pooled using random effects meta-analysis in Stata 16.0 software package.

---


**Systematic Review & Meta-analysis**

**Sample:** Data from 21 studies
Studies had 7996 respondents with a response rate of 60.36%

**Setting:** Random effects meta-analyses were prevalence rates of compassion satisfaction, compassion fatigue, and burnout and their respective instrumental scores.

**Findings:** medical or surgical units and psychiatry had the lowest rates of compassion satisfaction and the highest compassion fatigue (CF).

- The prevalence rates of compassion satisfaction, compassion fatigue, and burnout were 47.55%, 52.55%, and 51.98%

Burnout well as related demographic, occupational, and sociocultural data

Studies used relevant validity tools.

---

<table>
<thead>
<tr>
<th>Study &amp; Citation</th>
<th>Design</th>
<th>Sample</th>
<th>Feasibility</th>
<th>JHNEBP Appraisal Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chang, H., Shyu, Y. L., Wong, M., Chu, T., Lo, Y., &amp; Teng, C. (2017). How does burnout impact the three components of nursing</td>
<td>Cross-sectional study</td>
<td><strong>Sample:</strong> 571 nurses 90.0% with &lt;15 years of nursing experience</td>
<td>Provides insight on how burnout can impact the three components of nursing commitment.</td>
<td>Level III C</td>
</tr>
</tbody>
</table>
Appendix D

Theoretical Framework

1. Staff assessed and shared stressors of the unit’s acuity
2. VON collaboration with leadership
3. Evidence-based research
4. Adopted a valid auditing tool
5. Educated staff in huddles, staff meetings, and poster boards
6. Establish & Utilize the wellness room, for mindfulness exercises
7. Test of change for 6 weeks
8. Review and share results
### Appendix E

**SWOT Analysis**

<table>
<thead>
<tr>
<th>Internal</th>
<th>Favorable</th>
<th>Unfavorable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Strengths</strong></td>
<td><strong>Weaknesses</strong></td>
</tr>
<tr>
<td></td>
<td>• Caring Science is already part of organization's culture.</td>
<td>• Financial resources</td>
</tr>
<tr>
<td></td>
<td>• Support for nurse driven initiatives (Magnet Status)</td>
<td>• Having the space to create the wellness room.</td>
</tr>
<tr>
<td></td>
<td>• Support for maintaining staff.</td>
<td>• Generating staff involvement</td>
</tr>
<tr>
<td></td>
<td>• Addressing the culture of burn out and CF. Appreciation to provide</td>
<td>• Tools will not help.</td>
</tr>
<tr>
<td></td>
<td>the resources to help combat fatigue.</td>
<td>• Concerns that the new area will take away from those who do not</td>
</tr>
<tr>
<td></td>
<td></td>
<td>participate in the project</td>
</tr>
<tr>
<td>External</td>
<td><strong>Opportunities</strong></td>
<td><strong>Threats</strong></td>
</tr>
<tr>
<td></td>
<td>• Staff satisfaction</td>
<td>• Not getting support from leadership and objecting to the use of the space</td>
</tr>
<tr>
<td></td>
<td>• Improvement in patient care</td>
<td>• Financial support falling through.</td>
</tr>
<tr>
<td></td>
<td>• Less sick calls</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Less MLOA</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Support for leadership.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Creating awareness, the importance of Caritas</td>
<td></td>
</tr>
</tbody>
</table>


Appendix F

Power Interest

- Senior Leaders
- Patients & Bedside Staff
- General Public
- Community Family of Bedside Staff
Appendix G

Project Charter

Title: Combating Compassion Fatigue in a Cardiac Telemetry Setting

Global aim: Decrease Compassion Fatigue

Specific Aim: The project aims to decrease compassion fatigue from a score of 26 (Moderate) to a 22 (15% reduction) on the ProQOL survey by July 2024 in a cardiac telemetry unit by creating a wellness space and implementing mindfulness exercises.

Background information/rationale for project:

After the pandemic, nurses in a cardiac telemetry unit suffered from burnout and increased compassion fatigue. The microsystem reports low staff satisfaction, care experience scores dropping and experiencing a high nursing turnover. The project will entail creating a wellness space in a cardiac telemetry unit for all frontline staff to perform mindfulness and meditation exercises. For ease and accessibility, the room will be located on the unit. According to Xie et al. (2021), compassion fatigue (CF) is a form of stress that develops as one becomes exposed to other individuals’ traumas. Those working in the healthcare setting, significantly nurses, struggled daily with life’s stressors as they cared for those dealing with illness. Not only does CF affect relationships and mental health, but for nurses, it can affect the quality of care they provide (Xie et al., 2021). In the current microsystem, the staffing turnover occurs eight to ten times a year, with about a 10% loss of nursing staff due to burnout.

Sponsors

| Nurse Manager: MR | Nursing Education: CM |
| Direct of Critical Care: DL |

Goals for the project

By the end of July 2024 staff will report a 17% reduction from baseline measures of compassion fatigue after utilizing the wellness room and practicing mindfulness exercises.

Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Data Source</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% reduction of CF reported by staff before using Wellness Room</td>
<td>Pre and Post test of ProQOL Survey Burnout Scale 22 or less (Low) 23 to 41 (Moderate) 42 or more (High)</td>
<td>13% less from a score of 25</td>
</tr>
<tr>
<td>Process</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Survey, staff before usage of the wellness room</td>
<td>Pre- test of ProQOL Survey</td>
<td>50%</td>
</tr>
<tr>
<td>Reassess Staff after set period with same survey</td>
<td>Post test of ProQOL Survey</td>
<td>90%</td>
</tr>
</tbody>
</table>
Review exit interviews | HR Connect | 90%
--- | --- | ---
Review Care Experience scores of the department | NRC informative report | 
**Balancing**
Comparing the before and after scores on the survey | Pre and Post test of ProQOL Survey | 10% reduction in medication errors

**Team members**

<table>
<thead>
<tr>
<th>VON Nursing Council</th>
<th>Management</th>
<th>Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unit CNS</td>
<td>Unit Physician Lead</td>
<td>Quality</td>
</tr>
<tr>
<td>Care Experience</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**References**


**Background (Global Aim):** Utilizing a Wellness Room to Decrease Compassion Fatigue in a Cardiac Telemetry Microsystem.

**Population Criteria:** Cardiac Telemetry unit

**Data Collection Method:** Data will be obtained from a ProQOL survey of 40 frontline staff to establish level of CF. After baseline data is collected, staff will use the wellness room and provided techniques on deep breathing and centering along with access to aromatherapy, music, and the Calm app. After an eight-week period staff will retake the same ProQOL survey to provide comparison pre and post results.

**Measure Description**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Measure Definition</th>
<th>Data Collection source</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre score of ProQOL survey</td>
<td>Average score of participants before using wellness room</td>
<td>Pretest of ProQOL Survey</td>
<td>90%</td>
</tr>
<tr>
<td>Post score of ProQOL survey</td>
<td>Average score of participants after using wellness room</td>
<td>Posttest of ProQOL Survey</td>
<td>100%</td>
</tr>
<tr>
<td>Utilization of Wellness Room</td>
<td>Average of how many people used the room</td>
<td>1 on1 interviews</td>
<td>80%</td>
</tr>
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</table>
### Project Timeline

<table>
<thead>
<tr>
<th></th>
<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
</tr>
</thead>
<tbody>
<tr>
<td>Microsystem Assessment</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify Key Stakeholder</td>
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<td></td>
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<td></td>
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<tr>
<td>Establish Participants</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PreTest ProQOL</td>
<td></td>
<td></td>
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<td></td>
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<td></td>
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<tr>
<td>Caritas Education</td>
<td></td>
<td></td>
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<tr>
<td>Test of Change</td>
<td></td>
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<tr>
<td>PostTest ProQOL</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collect &amp; Review Data</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### Driver Diagram

- **Aim/Goal:** Decrease CF among Cardiac Telemetry Staff by 10%
- **Primary Drivers:**
  - Support
  - Education
  - Space

- **Secondary Drivers:**
  - Leadership
  - Financial Support
  - Staff
  - VON
  - Nursing Education
  - Logistics
  - Leadership

- **Change Practices:**
  - Incorporate communication and lead mindfulness exercise at nursing huddles and meetings
  - Implementing Caritas Tools for centering and deep breathing
  - Creating space on the unit so staff and utilize while at work
Changes to Test

1. Conduct interviews with staff how often they are using the wellness room.
2. Increase informational content on compassion fatigue in the wellness room.
3. Communicate and incorporate mindfulness exercise at nursing huddles.
Appendix H

PDSA Survey

Q1

How often do you utilize the relaxation techniques demonstrated during huddle, in your daily life?

Answered: 14  Skipped: 0

<table>
<thead>
<tr>
<th>ANSWER CHOICES</th>
<th>RESPONSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily</td>
<td>20.07%</td>
</tr>
<tr>
<td>Sometimes</td>
<td>94.29%</td>
</tr>
<tr>
<td>Never</td>
<td>73.41%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>14</td>
</tr>
</tbody>
</table>

Q2

How often do you utilize the Caritas room to decrease stress levels during your shift?

Answered: 14  Skipped: 0

<table>
<thead>
<tr>
<th>ANSWER CHOICES</th>
<th>RESPONSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Every shift</td>
<td>31.42%</td>
</tr>
<tr>
<td>Some shifts</td>
<td>62.14%</td>
</tr>
<tr>
<td>Not at all</td>
<td>21.42%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>14</td>
</tr>
</tbody>
</table>
Appendix I
PDSA Intervention Materials

Mindful Exercises

Monday
Heartmath quick coherence

Step 1: Focus your attention in the area of the heart. Imagine your breath is flowing in and out of your heart or chest area, breathing a little slower and deeper than usual.

Suggestion: Inhale 5 seconds, exhale 5 seconds (or whatever rhythm is comfortable.)

Step 2: Make a sincere attempt to experience a regenerative feeling such as appreciation or care for someone or something in your life.

Suggestion: Try to re-experience the feeling you have for someone you love, a pet, a special place, an accomplishment, etc.

Continue for 1 minute, focus on the feelings of calm or ease.

Tuesday
Stretching

Practice a simple stretch. Raise your palms toward the sky, twist your torso.

cross-body arm stretch. Total 1 minute

Wednesday
Let It Go

Close eyes, think of any concerns. Take deep breath 5 seconds in 5 seconds out and relax shoulders. Imagine your worries/concerns as warm orbs of light in your hands. Release them and envision seeing them float away, making you feel lighter. Focus on that feeling for 1 minute.

Thursday
Deep breathing

Hold your chest with the palm of your hand. Breathe in deeply for 5 seconds. Hold your breath for 2 seconds. Exhale for 5 seconds. Pay attention to rise and fall of chest under your hand repeat for 1 minute.
Mindful Exercises

FRIDAY

Grateful

Breath in for 4 out for 4. Identify 3 things you are grateful for and focus on the positive feelings. Continue for 1 minute.

SATURDAY

Calm in 5-4-3-2-1

Select 5 things you see around you. Think of them in detail. Maybe it’s a wall or a co-worker.

Pick 4 things you can touch or feel, such as your tongue in your mouth, your hands on your lap, or the wall.

Notice 3 things you hear. Listen for sounds going on around you. You might tune in to the ringing of a phone or the hum of an air conditioner, for example.

Identify 2 things you can smell. If you can’t smell anything, think of your favorite scents.

Think of one thing you can taste. It might be the lingering taste of coffee, gum, or toothpaste.

Finally, take a deep breath in for 5 seconds, hold for 2 seconds and out for 5 seconds releasing your shoulders in the process.

Notice how your physical state has shifted. How has your body changed? Do your shoulders feel less tense, for instance? Notice any new shifts in your thoughts as well. (1 minute)

SUNDAY

Deep Breathing with stretch

Deep Breath in through nose out through mouth. 5 seconds in, 5 seconds out. Reach up to the sky. Wiggle arms. Wiggle legs. Deep Breath in through nose out through mouth. 5 seconds in, 5 seconds out. (1 minute)
Appendix J

Approval of EBP/QI Project & Research Involving KP Staff, Data, & Resources

Instructions: This form is to be completed for any Evidence-based/Quality Improvement project or Research requiring the involvement of Kaiser Permanente Staff, Data, and/or Resources. Please complete sections I & II, obtain signature for section III, and email the completed form with your RDO Form or Research Protocol to the Research & Innovation Program Director @ Ifeoma.i.nnaji@kp.org.

Section I

Project/Study Title: - Combating Compassion Fatigue in a Cardiac Telemetry Setting

Brief Overview of Project/Study: -- After the pandemic, nurses in a cardiac telemetry unit suffered from burnout and increased compassion fatigue. The microsystem reports low staff satisfaction, care experience scores dropping and experiencing a high nursing turnover. The project will entail creating a wellness space in a cardiac telemetry unit for all frontline staff to perform mindfulness and meditation exercise.

Principal Investigator: --------Nicole R Garzon

Email: ---nicole.r.garzon@kp.org

For Students Only

Mentor's Name: ---Gisha Gireesan

Mentor's Email: ---gisha.gireesan@kp.org

Degree Pursued: -------Masters of Science in Nursing

Section II

Describe Staff, Data, & Clinical Resources Required: Data will be obtained from a ProQOL anonymous survey of frontline staff of a cardiac telemetry unit to establish level of CF. After baseline data is collected, staff will use the wellness room and provided techniques on deep breathing and centering along with access to aromatherapy, music, and the Calm app. After an eight-week period staff will retake the same ProQOL survey to provide comparison pre and post results.

Note: Upon project/study completion, please provide to the Nursing Professional Development Director (NPDD)/Director of Nursing & Clinical Practice (DONCP):

- Notification of project/study closure or end of required nursing resources
- Written summary of the project/study findings

Section III

I approve for ___Nicole Garzon____ to perform his/her project titled __Reducing Compassion Fatigue on a Cardiac Telemetry Unit___ at Kaiser Santa Clara Department 220 ______.
Approval of EBP/QI Project & Research Involving KP Staff, Data, & Resources

Name: Katherine Ricossa, PhD, MS, RN, PHN

Title: Nursing Professional Development Director

Signature: Katherine Ricossa

Date: July 12, 2024
Appendix J

CNL Project: Statement of Non-Research Determination Form

Student Name: Nicole R Garzon

<table>
<thead>
<tr>
<th>Title of Project: Decrease Compassion Fatigue in a Cardiac Telemetry Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brief Description of Project: The project will create a wellness room on the unit where all staff can practice mindfulness and meditation exercises help alleviate stress and reduce compassion fatigue.</td>
</tr>
</tbody>
</table>

A) Aim Statement: To decrease compassion fatigue from a score of 30 (Moderate) to a 25 (17% reduction) on the ProQOL survey by August 2024 in a cardiac telemetry unit by creating a wellness space and implementing mindfulness exercises

B) Description of Intervention:

- Educate and implement mindfulness exercises for staff to practice in a wellness space on the unit.

Methods:
- Microsystem Assessment
- Literature review and exit interviews.
- Periodic PDSA to Monitor staff engagement.
- Conduct Pre and Post ProQOL survey.

C) How will this intervention change practice?

- Decrease compassion fatigue. Improve staff morale, create work supportive work environment, maintain staffing retention rates and decrease medication errors.

D) Outcome measurements:

- Reduction of compassion fatigue by 17% from baseline.
- Maintain staff retention rates over 6 months July 2024

To qualify as an Evidence-based Change in Practice Project, rather than a Research Project, the criteria outlined in federal guidelines will be used: (http://answers.hhs.gov/ohrp/categories/1569)

X This project meets the guidelines for an Evidence-based Change in Practice Project as outlined in the Project Checklist (attached). Student may proceed with implementation.

☐ This project involves research with human subjects and must be submitted for IRB approval before
project activity can commence.

**EVIDENCE-BASED CHANGE OF PRACTICE PROJECT CHECKLIST**

Instructions: Answer YES or NO to each of the following statements:

<table>
<thead>
<tr>
<th>Project Title: Utilizing a Wellness Room to Decrease Compassion Fatigue and Improve Staff Retention in a Telemetry Microsystem.</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>The aim of the project is to improve the process or delivery of care with established/accepted standards, or to implement evidence-based change. There is no intention of using the data for research purposes.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>The specific aim is to improve performance on a specific service or program and is a part of usual care. ALL participants will receive standard of care.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>The project is NOT designed to follow a research design, e.g., hypothesis testing or group comparison, randomization, control groups, prospective comparison groups, cross-sectional, case control). The project does NOT follow a protocol that overrides clinical decision-making.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>The project involves implementation of established and tested quality standards and/or systematic monitoring, assessment or evaluation of the organization to ensure that existing quality standards are being met. The project does NOT develop paradigms or untested methods or new untested standards.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>The project involves implementation of care practices and interventions that are consensus-based or evidence-based. The project does NOT seek to test an intervention that is beyond current science and experience.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>The project is conducted by staff where the project will take place and involves staff who are working at an agency that has an agreement with USF SONHP.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>The project has NO funding from federal agencies or research-focused organizations and is not receiving funding for implementation research.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>The agency or clinical practice unit agrees that this is a project that will be implemented to improve the process or delivery of care, i.e., not a personal research project that is dependent upon the voluntary participation of colleagues, students and/or patients.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If there is an intent to, or possibility of publishing your work, you and supervising faculty and the agency oversight committee are comfortable with the following statement in your methods section: &quot;This project was undertaken as an Evidence-based change of practice project at Santa Clara Kaiser Permanente Medical Center and as such was not formally supervised by the Institutional Review Board.&quot;</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

**ANSWER KEY:** If the answer to ALL of these items is yes, the project can be considered an Evidence-based activity that does NOT meet the definition of research. **IRB review is not required. Keep a copy of this checklist in your files.** If the answer to ANY of these questions is NO, you must submit for IRB approval.

*Adapted with permission of Elizabeth L. Hohmann, MD, Director and Chair, Partners Human Research Committee, Partners Health System, Boston, MA.

STUDENT NAME (Please print): **Nicole R Garzon, BSN, RN, PHN**  DATE 3/28/2024

SUPERVISING FACULTY MEMBER NAME: **Gisha Gireesan MSN, CNL & David Ainsworth, DNP, RN, CNL**  DATE 3/28/2024
Appendix K
Survey Results

RN Perception of Burnout

*Compassion fatigue score of 21.1

<table>
<thead>
<tr>
<th>Column1</th>
<th>Survey Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td>I am happy</td>
</tr>
<tr>
<td>Q2</td>
<td>I feel connected to others</td>
</tr>
<tr>
<td>Q3</td>
<td>I am not as productive at work because i am losing sleep over traumatic experiences</td>
</tr>
<tr>
<td>Q4</td>
<td>I have beliefs that sustain me</td>
</tr>
<tr>
<td>Q5</td>
<td>I feel worn out because of my work as a helper</td>
</tr>
<tr>
<td>Q6</td>
<td>I feel overwhelmed because my case(work) load seems endless</td>
</tr>
<tr>
<td>Q7</td>
<td>I feel &quot;bogged&quot; down by the system</td>
</tr>
</tbody>
</table>
Appendix L

GAP ANALYSIS

Area of Consideration: Decreasing compassion fatigue utilizing a wellness room to practice mindfulness exercises to reduce burnout and compassion fatigue by 10%.

<table>
<thead>
<tr>
<th>Desire State</th>
<th>Current State</th>
<th>Action State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce the cost of onboard new staff due associated with burnout</td>
<td>Annually there is a reduction 15% of staff leaving the unit due to burnout. Cost associated with onboard run hospitals an average of $55,000, per nurse. Does not include specialty training like a cardiac telemetry.</td>
<td>Review exit interviews and drill down the &quot;why&quot; the burnout happened. Implement a peer mentoring program for first year hires and new grads.</td>
</tr>
<tr>
<td>Reduce the level of compassion fatigue among staff to maintain retention</td>
<td>Studies have shown that compassion fatigue can affect relationships, mental health, and a nurses' quality of care. Units CF score is 25 (Moderate) on ProQOL survey</td>
<td>Research on how to combat compassion fatigue and utilized tools, create a wellness room and educate staff on how to decompress.</td>
</tr>
</tbody>
</table>