Does the Management of Compassion Fatigue in the Healthcare Setting Decrease Nurse Turnover : An Integrative Review

A Scholarly Project

Submitted to the

Faculty of Liberty University

The requirements for the degree of

Doctor of Nursing Practice

By

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Liberty University

Lynchburg, Va.

March, 2021

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Scholarly Project Chair Approval:

March 5, 2021

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Table of Contents

Does the Management of Compassion Fatigue in the Healthcare Setting Decrease Nurse Turnover : An Integrative Review 1

Does the Management of Compassion Fatigue in the Healthcare Setting Decrease Nurse Turnover: An Integrative Review 2

ABSTRACT 6

Section One: Formulating the Review Question 7

Background 7

Defining Concepts and Variables 8

Rationale for Conducting the Review 8

Purpose/ Review Question 9

Inclusion and Exclusion Criteria 9

Conceptual Framework 10

SECTION TWO: Comprehensive and Systematic Search 10

Search Organization and Reporting Strategies 10

Terminology 11

SECTION THREE: Managing the Collected Data 11

SECTION FOUR: Quality Appraisal 12

Sources of Bias 12

Internal Validity 12

Appraisal Tools 12

Applicability of Results 12

Reporting Guidelines 13

SECTION FIVE: Data Analysis and Synthesis 13

Data Analysis Methods 13

Descriptive Results 14

Synthesis 14

Ethical Considerations 15

SECTION SIX: Discussion 15

Discussion 15

Positive Workplace 15

Self-Care Strategies 16

Professional Quality of Life Scale 17

HealthCare Organizations and Leaders 17

Implications for Practice 18

Dissemination 20

References 21

Included 22

Eligibility 22

Screening 22

Identification 22

ABSTRACT

Healthcare systems are rapidly changing and with the increased age of the baby boomers, and shortage of nurses, and COVID-19, there is a rapid growth in compassion fatigue within the nursing community. More than 22% of nurses in direct patient care roles report experiencing emotional exhaustion. This results in negative consequences, reduced productivity, workplace violence, and poor patient care. Does the management of compassion fatigue in the healthcare setting decrease nurse turnover?

This was an integrative review of the literature, utilizing 15-20 articles using Melnyk framework for evaluation. The variables addressed included the emotional state with negative psychological and physical consequences from acute and prolonged caregiving that involved care of people with intense trauma, suffering or misfortune. It included the in-hospital nursing population and the interventions to promote nurse retention.

Findings show that management and health authorities need to care in a holistic approach; offer times of comfort, consultation and support, provide time to grieve and provide physical and psychological help when needed. Education can benefit all nurses, from the student to the most experienced.

Future research should be directed at identifying the causes of compassion fatigue, the impact of support groups on providers, and developing education programs to mitigate the prevalence and severity of compassion fatigue.

Keywords: compassion fatigue, nurses, caregiver fatigue, hospice, and palliative care

Section One: Formulating the Review Question

The healthcare system is rapidly changing and with the increased age of the baby boomers, and shortage of nurses, there is a rapid growth in compassion fatigue within the nursing community. Compassion fatigue is an endemic among healthcare providers (Cass, et al., 2016). Nurses are caring for an increased number of patients while working longer days in addition to overtime. They have more responsibilities and less help to achieve their goals. Compassion fatigue is described as a health practitioner's diminished capacity to care as a consequence of repeated exposure to the suffering of patients (Cavanagh, et al., 2020).

In reviewing compassion fatigue, there needs to be an investigation of the causes, including nursing turnover and patient satisfaction. An integrated review will help reveal how management of compassion fatigue impacts nursing retention. While it is to be expected that caring for extremely ill and dying patients is emotionally draining, it is alarming that doing so causes potential harm to the care providers (Cass, et al, 2016).

Background

Compassion fatigue impacts the health and effectiveness of healthcare providers, thereby affecting patient care (Cavanagh, et al., 2020). Compassion fatigue is complex, because it affects nurses, organizations, and patients. The level of stress the nurses experience can cause them distress and affect how they care for patients. High levels of stress in nurses can place patients at risk for circumstances that include low staffing, errors, abuse, and neglect, as well as poor caring relationships (Cross, 2018). The presence of these conditions leads to poor patient satisfaction and creates a negative impression of the healthcare system providing the care. Reasons for the escalation of compassion fatigue are multifaceted and include rapid changes in care delivery, the

burden of electronic health care records, changes to reimbursement and costs, and rapidly fluctuating work environments, (Kelly, 2020).

Defining Concepts and Variables

For the purpose of this study, compassion fatigue is defined as an emotional state with negative psychological and physical consequences that emanate from acute or prolonged caregiving of people stricken by intense trauma, suffering, or misfortune. Compassion fatigue can negatively affect caregivers emotionally, socially, physically, spiritually, and intellectually (Zajac, et al., 2017). The definition of the concept must be made explicit because it can influence what literature is retrieved for analysis and what information is extracted (Toronto & Remington, 2020). Compassion fatigue can affect all health care providers at any time. The risk of compassion fatigue has increased because of the rapidly changing health care systems, the nursing shortage, and the corona virus.

Rationale for Conducting the Review

This project determined an appropriate intervention for the management of compassion fatigue within the healthcare system would lead to nursing satisfaction and the decrease in nursing turnover. For this review, the nurse population within hospital units and hospice units were evaluated.

The integrative review reveals the strategies to manage compassion fatigue within the healthcare system that can improve nursing retention. Understanding and recognizing the causes and consequences of compassion fatigue is important, in addition to how it may be affecting nurses and patients, (Kelly, 2020).

Purpose/ Review Question

Identifying compassion fatigue needs to become a standard of practice for all healthcare facilities. Patients expect to receive excellent care when entering any facility. Compassion fatigue is prevalent across the healthcare professions and can be detrimental to nurses' professional quality of life. According to Kelly and Todd, (2017), compassion fatigue contributes to nearly 20% of nurses leaving a position in the first year and many leaving the nursing profession. Compassion fatigue was also found to be associated with a nurse's low job satisfaction, poor patient outcomes, and poor quality of life for nurses (Henson, 2020).

Promoting a system of management of compassion fatigue within the healthcare system could lead to improved nursing satisfaction and overall increase in quality care.

Employee well-being is a pressing concern in health care organizations due to employees' significant emotional exhaustion, stress, and fatigue. More than 22% of nurses in direct patient care roles report experiencing emotional exhaustion. This exhaustion results in negative consequences, reduced productivity, workplace violence, and worse patient care (McClelland, et al., 2018).

With this in mind, the following question was pursued. Does the management of compassion fatigue in the healthcare setting decrease nurse turnover?

Inclusion and Exclusion Criteria

Criteria was established to aid in the selection of literature for the review of compassion fatigue. Articles were required to be published between 2015 and 2020, and written in English to be included in this review. Full text, peer reviewed articles, dissertations, and integrative reviews were considered for this project. These articles were required to include an intervention for compassion fatigue. Articles were excluded if they were published prior to 2015 or if they were

non-English versions, non-research articles, abstracts or articles without interventions for compassion fatigue.

Conceptual Framework

The integrative review presents the state of science, contributes to theory development, and has applicability to practice and policy (Whittemore, & Knafl, 2005). With the many different types of evidence research, there are many different perspectives on the same identified problem. There is much research on compassion fatigue and there are many issues that have arisen from the research. Integrative reviews are the broadest type of research review, as they allow for the simultaneous inclusion of experimental and non-experimental research to provide a full understanding of the issue (Whittemore, & Knafl, 2005).

The PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-analyses) framework utilizes a four-phase flow diagram to guide the formulation of clinical questions, identification of articles and selection of literature for inclusion (Liberati, et al., 2009). Reporting guidelines exist to improve the consistency and usefulness of information (Saver, 2017). PRISMA focuses on the reporting of reviews evaluating randomized trials, but can be used as a basis for reporting systematic reviews of other types of research.

SECTION TWO: Comprehensive and Systematic Search

Search Organization and Reporting Strategies

The purpose of the literature review is to provide a comprehensive review of compassion fatigue and its effect on nursing turnover. Nurses become health care providers with the goal of supporting patients empathetically according to their critical physical, mental, emotional and spiritual needs. Although the professional experience of helping others promotes compassion

satisfaction, during long-term professional engagements, caregivers experience distress from frequent contact with patients can lead to compassion fatigue (Zhang, et al., 2018).

A comprehensive search was conducted utilizing several databases. Liberty University's Jerry Falwell Library was used to review clinical databases. With the assistance of Jerry Falwell Library librarian, CINAHL, MEDLINE, and PubMed, were searched with specific key words to obtain all pertinent research articles on compassion fatigue.

Terminology

Database terminology can be confusing because the words used may have different meanings in different disciplines. A database refers to an electronic, searchable collection of published materials (Toronto, & Remington, 2020). Keywords used to search the database included compassion fatigue, patient satisfaction, nurses, caregiver fatigue, hospice, palliative care, and nurses. The advantage of an integrative review is that articles with different types of research, including cross-sectional, meta-analysis, quasiexperimental and experimental can be used when exploring information to identify the issue (Whittemore & Knafl, 2005).

SECTION THREE: Managing the Collected Data

After conducting a comprehensive search, all citations were retrieved and labeled. A clear description of how the evidence was rated informs the reader about the rigor and quality of the literature included in the review (Toronto & Remington, 2020). Each article was reviewed and information placed in the Matrix table (e.g., see Appendix A). The inclusion and exclusion criteria were utilized to identify if the article should be included in the research. If the article had management ideas the article was included in the matrix table for review.

SECTION FOUR: Quality Appraisal

Sources of Bias

Bias can occur at any stage of the research. Each study must be reviewed for any potential risk of bias. Any bias can compromise the validity of the study results (Toronto, & Remington, 2020). Each article was reviewed to determine if a management tool was utilized to treat compassion fatigue. The article was used if it included any management tool, not just based on certain management strategies.

Internal Validity

Internal validity determines the believability of the findings (Toronto, & Remington, 2020). The articles were reviewed for any sign of bias to ensure the believability of the sources.

Appraisal Tools

All of the articles where critically appraised using the evidence table and Melnyk's (2015) levels of evidence. This allows the researcher to locate the best evidence to answer the question. An integrative review synthesizes research and draws conclusions from diverse sources on the same topic. It enables the reviewer to address the current state of evidence, determine the quality of the evidence, recognize any gaps in literature, and identify the future steps for practice and research (Toronto, & Remington,2020). All the articles provided evidence on compassion fatigue and ways to manage the fatigue to prevent nurse turnover.

Applicability of Results

The aim of this review was to identify and assess the evidence on effectiveness of management of compassion fatigue demonstrated by a decrease in nursing turnover. Outcomes of the review showed the interventions for compassion fatigue were successful in decreasing nurse turnover. The literature showed the stakeholders were satisfied with the results, and areas for

further research were identified to include impact of support programs for providers and developing education programs on compassion fatigue, and research of evidence-based solutions and strategies to address compassion fatigue. Integrative reviews include diverse data that encourage a holistic understanding of compassion fatigue (Whittemore, & Knafl, 2005).

Reporting Guidelines

The PRISMA guidelines were used to minimize bias in reporting the final review. The focus of the guidelines was on how the review as a whole is reported, not each individual article (Toronto, & Remington, 2020), (e.g., see Appendix D).

Compassion fatigue has been rapidly growing within the healthcare setting and has been proven to lead to increased nursing turnover. An integrative review was performed on this topic. The review entailed the identification of a clear problem, an extensive literature search, an evaluation of the data, data analysis, and presentation of the data, as described by Whittemore and Knafl (2005).

SECTION FIVE: Data Analysis and Synthesis

Data Analysis Methods

The goals of the data analysis is to obtain a thorough and unbiased interpretation of primary sources and an innovative synthesis of the evidence (Whittemore, & Knafl, 2005). The initial 2450 articles were evaluated and narrowed to 17 articles. A data display matrix was developed and the information was coded for each article and displayed the data into common themes (Whittemore, et al, 2005). This integrative review increases the knowledge of compassion fatigue and ways to manage it to decrease nurse turnover.

Descriptive Results

The descriptive results of the integrative review were fully presented in the integrated report. There are no established guidelines on how to structure a report of an integrative review (Toronto & Remington, 2020, Torraco, 2005). The integrative review would include the design and date range of all the included literature.

Synthesis

The articles included in this review identified compassion fatigue as a rapidly growing issue in nursing care that has a detrimental effect on patient care. There was a strong case for the existence of compassion fatigue and the need to address this area in nursing. The research provided information about increased nursing turnover due to compassion fatigue. Research showed that demographic characteristics enable the identification of levels of compassion fatigue (Alharbi, et al., 2019). Nurses with compassion fatigue experience psychological, emotional and physical symptoms, leading to nurses changing jobs or careers (Jakel, et al., 2016).This integrative review used the evidence-based research to provide information to address compassion fatigue in nurses, which, as a result will decrease nurse turnover.

Ongoing assessment of staff is recommended to decrease compassion fatigue and thereby decrease nurse turnover. In addition, the development of programs that encourage engagement activities to support nurses and encourage education may assist with the reduction of compassion fatigue (Cross, 2018).

The varied sampling frame of integrative reviews in conjunction with the multiplicity of purposes has the potential to result in a comprehensive portrayal of complex concepts, theories, or health care problems related to nursing (Whittemore, & Knafl, 2005). Compassion fatigue is very concerning considering the rapidly changing healthcare setting, the increase in the age of

the population, the corona virus, and the nursing shortage. Compassion fatigue is known to impact the well-being of nurses and patient safety outcomes (Alharbi, et al., 2019). Compassion fatigue may negatively affect caregivers emotionally, socially, physically, spiritually, and intellectually (Zajac, et al., 2017). Identifying interventions for strategies for the management of compassion fatigue is important to decrease compassion fatigue and nurse turnover.

Ethical Considerations

Ethical knowledge is based on the obligation to serve and respect human life (Moran, et al., 2020). In an integrative review, information is reviewed from evidence-based research that has already been performed, so no ethical review is needed. The writer completed the CITI certification (e.g., see Appendix C) during the research, and presented the topic to the Liberty University Institutional Review Board committee. The project was deemed exempt (e.g.,see Appendix B).

SECTION SIX: Discussion

Discussion

The discussion section will provide a holistic understanding of compassion fatigue by presenting the state of science and consequences of the findings (Toronto, & Remington, 2020).

Positive Workplace

The aim of this review was to demonstrate that the identification and management of compassion fatigue would result in decreased nurse turnover. Compassion fatigue severely affects patients, as it is the direct effect of a health care providers diminished capacity to care that results from repeated exposure to the suffering of patients. Psychological effects of compassion fatigue include isolation, depersonalization, apathy, and emotional, physical, and spiritual exhaustion. Physical implications include a decline in immune system function, forgetfulness,

headaches, hypertension, weight gain, and stomach aches (Fetter, 2012: Henson, 2020). Wellness programs that encourage self-care, and increased social and managerial support can help prevent compassion fatigue. Education can benefit all nurses, from the student to the most experienced, and will help them identify the condition and seek treatment (Cavanaugh, et al, 2020). It was proven the workplace was an important contributing factor to the level of compassion fatigue seen in nurses. The workplace is associated with the painful long term and chronic suffering of the patients leading to higher rates of compassion fatigue. It is well documented that positive practice environments lead to better nurse and patient outcomes. There is a need for a holistic approach to nursing management, (Alharbi, et al, 2019). Even though compassion fatigue is common, there are practical solutions (Cash, et al, 2016).

Critical care nurses who feel respected and supported by their management team and colleagues experience feelings of compassion satisfaction, leading to greater engagement and care toward their patients (Jakimowicz, et al., 2017). The nurses need to feel what they do matters, not only to the patient but to their families and to the management. They need acknowledgement and support from their managers. Compassion practices are organizational practices that reward and recognize workplace care and consideration and provide compassionate support to health care professionals in order to help them cope with workplace stressors (McClelland, et al., 2018). Organizations should focus on caring for the caregiver to reduce compassion fatigue (Zajac, et al, 2017).

Self-Care Strategies

There are many articles that show there are many factors contributing to compassion fatigue, but only a few address methods for preventing and/or treating the problem. Evidence suggests self-care strategies, relating to mental and physical activities can improve

wellbeing. Studies showed one very popular technique utilizes the cultivation of self-awareness and mindfulness-based practice. This technique included appreciative inquiry, meditation, and narrative medicine, and all the participants in this study showed decrease in the level of compassion fatigue and an increase in empathy (Cass, et al, 2016). Other practices that can help compassion fatigue are establishing a supportive climate within the unit, providing physical exercise services and nice eating health facilities within the hospital setting, encouraging sleep-enhancing practices by decreasing night shifts or offering naps during night shifts, and providing child care at manageable fees (Jarrad, & Hammad, 2020).

Professional Quality of Life Scale

The Professional Quality of Life Scale, is a tool used by several studies than contains 30 questions regarding nurses' biological background, sense of personal well-being, and work environment. The total score is used to identify how susceptible an individual is to compassion fatigue (Mattioli, et al., 2018). This scale was used in several articles to help identify nurses who were susceptible to compassion fatigue and were in need of intervention. It is the most commonly used tool to measure effects of working in stressful environments (Stamm, 2010, Zajac, et al, 2017). Once nurses who are susceptible to compassion fatigue are identified, they can be educated about how to prevent compassion fatigue. Nurses need education about how to prevent compassion fatigue. Nurses can implement a routine that includes enjoyable hobbies to relax the mind and reenergize the body, a well-balanced diet, adequate sleep, exercise, relaxing and entertaining activities, and spiritual fulfillment (Mattioli, et al, 2018).

HealthCare Organizations and Leaders

Policy makers can invite open dialogue with nurses, and conduct surveys and interviews to identify causative and contributive factors related to compassion fatigue. Then best practices

to decrease nurse turnover can be developed (Jarrod, et al, 2020). Additionally health care organizations must play a large part in recognizing and preventing compassion fatigue and creating and sustaining a healthy work environment. The American Association of Critical Care Nurses describes a healthy work environment as consisting of six elements that are considered necessary for excellent nursing practice: skilled communication, true collaboration, effective decision-making, appropriate staffing, meaningful recognition, and authentic leadership (Kelly, 2020).

Implications for Practice

Health care leaders have an important stake in addressing compassion fatigue. It is important to identify compassion fatigue and develop ways to address it before it takes a toll on the nursing staff and leads to nurse turnover. This section will discuss the implications for practice based on the findings of the background literature (Toronto, & Remington, 2020).

Health care leaders should provide a positive workplace where positive feedback is encouraged, a job well done is acknowledged, and policies are enacted to protect nurses from bullying (Alharbi, et al, 2019). The more that leaders can do to identify compassion fatigue and implement ways to address it, the better the workplace will be, which will lead to optimal patient care. Leaders in healthcare facilities can implement evidence-based interventions to prevent and reduce the development of compassion fatigue (Mattioli, et al, 2018).

Lessons from the field of positive psychology demonstrate that people improve their overall happiness through simple, daily, directed actions. This can include gratitude journaling, planned time outdoors, small acts of kindness, and regular mindful meditation (Cass, et al, 2016). Informal space and time to meet away from the bedside should be provided to nurses so they can share social and emotional aspects of their experiences, which can lead to relationship building

and interprofessional collaboration (Jakimowicz, et al,2017). Nurses need to feel the support of each other and their leaders.

Future research should be directed at identifying the root causes of compassion fatigue, identifying the impact of support programs for providers, and developing education programs to mitigate the prevalence and severity of compassion fatigue (Cavanaugh, et al, 2020).

Health care leaders must invest in further research of evidence-based solutions and learn strategies to recognize and address compassion fatigue. Those in the health care field must choose to evolve individually, professionally, and as a society to combat compassion fatigue and promote wellness (Cash, et al, 2016). Education should begin with the nursing students and continue for every provider in any position. There is a desperate need for enhanced education on compassion fatigue in academia and the workforce to prevent it and resultant nursing shortage (Peters, 2018).

Management support can provide special consultation services to help resolve inter-personnel conflicts, get sufficient time and extra staff during difficult times, enhance job security, establish visible personal achievement, and develop reward and support systems to eliminate the risk of compassion fatigue and organizational negative outcomes (Jarrad, et al, 2020). It is imperative for the management and leadership become involved in providing treatments for compassion fatigue. A good management team recognizes the causes of compassion fatigue and educates and encourages their staff to identify when they may be experiencing the symptoms of compassion fatigue and to seek help early.

Nurses will continue to keep pace, even lead the way in providing high quality of care, but it must not be done at the cost of their own wellbeing (Kelly, 2020). There needs to be continued research and development of ways to identify and prevent compassion fatigue in our

nurses now and in the future. Organizations willing to invest in reducing compassion fatigue have the potential to improve financial savings by reducing turnover and adverse events associated with burnout (Kelly, et al., 2015).

It is evident that research supports the need to identify and manage compassion fatigue within the health care setting. Awareness of compassion fatigue can help leaders and nurses identify ways to address the issue and develop ways to manage its treatment. The research also shows the need for health care provider education, and changes to policies and practice guidelines. Further research is needed to explore other ways to combat compassion fatigue to decrease nurse turnover. Given the current state of health care, the push for patient-centered quality care, the COVID-19 pandemic, and the shortage of nurses, it is imperative to continue research on compassion fatigue and ways to reduce nurse turnover.

Dissemination

Dissemination or the final process of presenting the findings on compassion fatigue to a targeted audience is the final phase of research (Toronto, & Remington, 2020). This manuscript on compassion fatigue will be presented to the *American Journal of Nursing* in consideration for publication. The information will be presented in a poster forum in the spring of 2021.

The research will be provided to the hospice leadership committee and the hospital nursing leadership. Then the information will be presented to the hospice nursing and staff and utilized with the nursing staff within the hospital.

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Appendix A: Evidence Table

Article Title **Article Author**	**Purpose**	**Demographics**	**Methods**	**Findings**	**Melnyk's Level of Evidence**	**Limitations**	**Useful for Project**
Alharbi, J., Jackson, D., & Usher, K. (2019). Personal characteristics, coping strategies, and resilience impact on compassion fatigue in critical care nurses: a cross-sectional study. *Nursing & Health Sciences, 20.* Doi:10.1111/nhs.12650.	Examine the relationship between nurse demographic characteristic and development of compassion fatigue	321 nurses in four public hospitals	Cross-sectional study	Findings show that length of work shift, education level, and nationality were significant factors in showing compassion fatigue.	Level 4: correlational design.	Small sample size and communication through email was a challenge.	Yes. Shows compassion fatigue with in nurses in critical care
Cass, I., Duska, L., Blank, S., Cheng, G…. &Fowler, J. (2016). Stress and burnout among gynecologic oncologists: a society of gynecologic oncology evidence-based review and recommendations. *Gynecologic Oncology, 143.* Doi.org/10.1016/j.ygyno.2016.08.319.	To identify the risk factors of burnout	2008 survey of 7900 members of the American College of Surgeons and 2014 survey of 369 members of Gynecologic Oncologists.	Meta-analysis of evidence-based information.	Findings showed a high prevalence of burnout and compassion fatigue	Level 1: Meta-analysis	Current evidence-based research and documentation of leadership involvement	Does provide information about burnout and compassion fatigue?
Cavanaugh, N., Cockett, G., Heinrich, C., Doig, L., …& Doig, J. (2020). Compassion fatigue in healthcare providers: a systematic review and meta-analysis. Nursing	Reviews the prevalence of compassion	Quantitative and qualitative data from 71 evidence-	Systematic review and meta-analysis.	Compassion fatigue was shown among all	Level 1- meta-analysis	Limitation of cross-sectional studies in general.	Yes Provides evidence of compassion fatigue

Ethics, 27 (3). Doi:10.1177/0969733019889400.	fatigue among healthcare providers and demographic variables.	based articles.		practitioners			among all providers
Cross, L. (2018). Compassion fatigue in palliative care nursing. *Journal of Hospice & Palliative Nursing.* doi:10.1097/NJH.0000000000000477.	Define compassion fatigue in palliative care	Review of 71 articles, two dissertations and two books.	Concept analysis	Separates compassion fatigue from other concepts. There is a risk of compassion fatigue in palliative care nursing.	Level 1 Concept analysis	Restriction to English language and not expanding the initial search.	Yes. Provides a clear definition of compassion fatigue and that palliative nurses experience it
Henson, J. (2020). Burnout or compassion fatigue: a comparison of concepts. *MedSurg Nursing 29 (2).* Aman.org/journalCNE.	To compare compassion fatigue and burnout.	Use of Walker & Avant analysis of 10 authors view of compassion fatigue and burnout	Concept analysis	Some overlap between compassion fatigue and burnout. Compassion fatigue is a depletion of compassion from exposure to suffering and trauma.	Level 1 Concept analysis	Attention to the definition of compassion fatigue and burnout to identify each separately.	Yes. Exposure to traumatic events can lead to compassion fatigue.
Jakel, P., Kenney, J., Ludan, N., Miller, P….& Matesic, E. (2016). Effects of the use of the provider	To determine if the use of	Convenience sample of 25 RN's	Quasiexperimental design	The difference of nurses	Level 3 Quasiexperimental design	Small sample size	Yes. Information identified

resilience mobile application in reducing compassion fatigue in oncology nursing. *Clinical Journal of Oncology Nursing, 20 (6).* Doi:10.1188/16.CJON.611-616.	the provider resilience mobile application will improve oncology nurses' quality of life			with compassion fatigue that was treated with the provider resilience mobile application and those that were not was not significant			compassion fatigue in nurses.
Jakimowicz, S., Perry, L., & Lewis, J. (2017). Insights on compassion and patient-centered nursing in intensive care: a constructivist grounded theory. *Journal of Clinical Nursing, 27.* Doi: 10.1111/jocn.14231.	Explore patient-centered nursing, compassion satisfaction and fatigue from intensive care nurses	21 critical care nurses	Qualitative design of in-depth interviews of critical care nurses in two hospitals	Positive and negative impacts wellbeing of nurses	Level 5- qualitative research design	Participants are from only two hospitals in Australia.	Yes Identified positive and negative effects of compassion fatigue on nurses
Jarrad, R., & Hammad, S. (2020). Oncology nurses' compassion fatigue, burnout and compassion satisfaction. *Annals of General Psychiatry, 19 (22).* Doi.org/10.1186/s12991-020-00272-9.	Explore the level of compassion fatigue, burn out and compassion satisfaction among oncology nurses	Convenient sample of 100 oncology nurses who work in a specialized cancer center	Descriptive correlation design	Showed an extremely high risk for compassion fatigue	Level 6 descriptive correlation design	Small sample size, small sub groups of different areas	Yes. Research showed compassion fatigue in oncology nurses
Kelly, L. (2020). Burnout, compassion fatigue, and secondary trauma in nurses recognizing the	Summarize the understandi	Review of 56 evidence-	Meta-analysis	Findings indicate the understandi	Level 1- meta-analysis	Need to include larger	Yes Identified compassio

occupational phenomenon and personal consequences of caregiving. *Critical Care Nursing, 43, (1).* Doi: 10.1097/CNQ.0000000000000293.	ng of burn out, compassion fatigue and secondary trauma	based articles		ng of compassion fatigue and ways to support each other		number if nurses	n fatigue in nurses
Kelly, L., Runge, J., & Spencer, C. (2015). Predictors of compassion fatigue and compassion satisfaction in acute care nurses. *Journal of Nursing Scholarship, 47(6).* Doi: 10.1111/jnu.12162.	Examine compassion satisfaction and fatigue in acute care nurses in multiple hospitals	491 direct care nurses	Cross-sectional electronic survey	Significant predictors of burnout	Level 2 Cross-sectional	Magnet hospital with higher satisfaction levels and positive work environments than other hospitals that are not at the magnet level.	Yes Significant information on compassion fatigue in younger nurses
Lee, E., Daugherty, J., Eskierka, K., & Hamelin, K. (2018). Compassion fatigue and burnout, one institution's interventions. *Journal of PeriAnethesia Nursing, 34 (4).* https://doi.org/10.1016/jopan.2018.11.003	Examine differences in types of care given to patients.	Two different caregivers approach to one patient.	Descriptive	Compassion is seen as a virtuous and an inherent quality of nursing care.	Level 1 concept analysis	Small study of compassion fatigue based on concpets of two different caregivers	Yes Information on compassion fatigue and affect on nursing staff
Mattioli, D., Walters, L., & Cannon, E. (2018). Focusing on the caregiver: compassion fatigue awareness and understanding. *Medsurg Nursing, 27, (5).* https://the free library.com	Management of compassion fatigue	Convenience survey of 549 oncology nurses in the United States and Canada	Meta-analysis	Results suggested new nurses and nurses under 40, with more education have an increased likelihood	Level 1 Meta-analysis	Lack of exposure to help implement changes	Yes Showed increased risk of compassion fatigue in younger nurses

				of developing compassion fatigue			
McClelland, L., Gabriel, A., & DePuccio, M. (2018). Compassion practices, nurse's well-being, and ambulatory patient experience ratings. *Medical Care, 56 (1).* Doi: 0025-7079/18/5601-0004.	Examine the relationship between compassion practices and nurse's wellbeing	177 nurses and 3525 adult patients	Surveys of nurses and patients.	Compassion practices related to nurse's emotional exhaustion and psychological vitality.	Level 1 Survey	No access to patient's individual experiences data to adjust variables.	Yes Compassion practices are positively associated with nurse's wellbeing
Peters, E. (2018). Compassion fatigue in nursing: a concept analysis. *Nursing Forum, 53.* Wileyonlinelibrary.com/journal/nuf.	Clarify compassion fatigue and develop methods of prevention	26 papers used in the concept analysis	Concept analysis	All nurses are at risk of compassion fatigue	Level 1 Concept analysis	Only English language articles were used	Yes All nurses are at risk of compassion fatigue
Sullivan, C., King, A., Holdiness, J., Durrell, J., & Mandrell, B. (2019). Reducing compassion fatigue in inpatient pediatric oncology nurses. *Oncology Nursing Forum, 46 (3).* Doi: 10.1188/19.ONF.338-347.	Develop evidence-based-compassion fatigue program for pediatric oncology nurses	Convenience sample of 59 nurses	Descriptive study of Pre and post survey	Compassion fatigue scores improved in four months	Level 6-Descriptive design	Only included the younger, less experienced nurses and the project was limited to only six months	Yes Improvement in compassion fatigue in nurses
Zajac, L., Moran, K., & Groh, C. (2017). Confronting compassion fatigue, assessment and intervention in inpatient oncology. *Clinical Journal of Oncology Nursing, 21 (4).* Doi: 10.1188/17.CJON.446-453	Address compassion fatigue in nurses and oncology care associates by developing	186 caregivers	Mixed-methods sequential design	The debriefing sessions where helpful in combatting compassion fatigue	Level 1 descriptive design	Participants not matches at data collection points that affected the ProQOL scores	Yes Sessions did improve on compassion fatigue

	an intervention to provide bereavement support						
Zhang, Y., Han, W., Qin, W., Yin, H. (2018). Extent of compassion satisfaction, compassion fatigue and burnout in nursing a met-analysis. *Journal of Nursing Management, 26.* Doi: 10.1111/jonm.12589.	To identify factors influencing compassion fatigue	21 studies representing 7,996 nurses	Meta-analysis	High level of compassion fatigue in nurses	Level 1 Meta-analysis	Lack of stratified data so can not rate the prevalence of compassion fatigue in which nursing area	Yes High level of compassion fatigue in nursing

Appendix B: IRB

LIBERTY UNIVERSITY.
INSTITUTIONAL REVIEW BOARD

February 25, 2021

Barbara Williams

Cynthia Goodrich

Re: IRB Application - IRB-FY20-21-524 Does the Management of Compassion Fatigue in the Healthcare Setting Decrease Nurse Turnover: An integrative Review.

Dear Barbara Williams and Cynthia Goodrich,

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study does not classify as human subjects research. This means you may begin your research with the data safeguarding methods mentioned in your IRB application.

Decision: No Human Subjects Research

Explanation: Your study is not considered human subjects research for the following reason: It will not involve the collection of identifiable, private information.

Please note that this decision only applies to your current research application, and any modifications to your protocol must be reported to the Liberty University IRB for verification of continued non-human subjects research status. You may report these changes by completing a modification submission through your Cayuse IRB account.

Also, although you are welcome to use our recruitment and consent templates, you are not required to do so. If you choose to use our documents, please replace the word *research* with the word *project* throughout both documents.

If you have any questions about this determination or need assistance in determining whether possible modifications to your protocol would change your application's status, please email us at irb@liberty.edu.

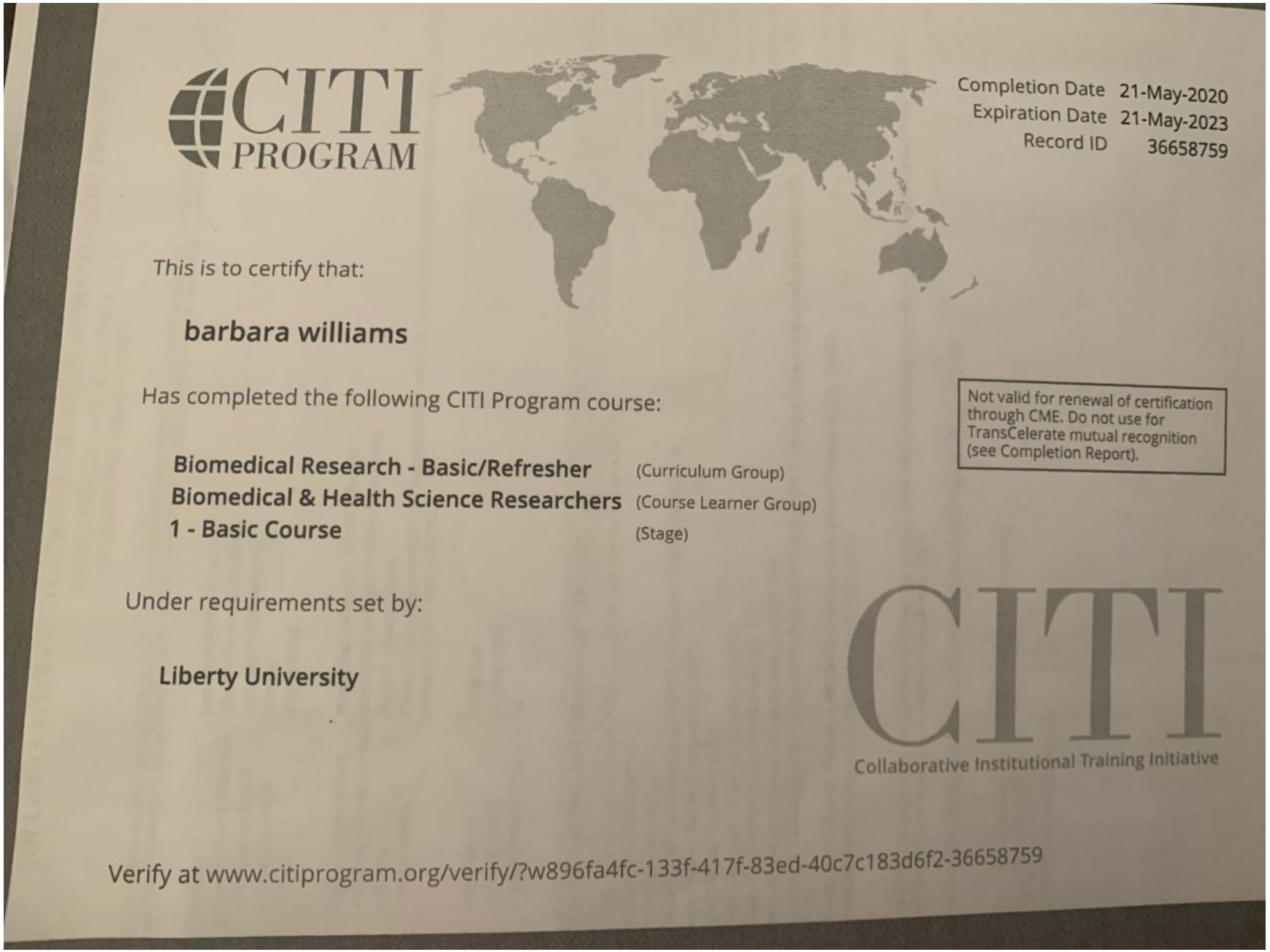
Sincerely,

G. Michele Baker, MA, CIP

Administrative Chair of Institutional Research

Research Ethics Office

Appendix C: CITI Certificate



CITI PROGRAM

Completion Date 21-May-2020
Expiration Date 21-May-2023
Record ID 36658759

This is to certify that:

barbara williams

Has completed the following CITI Program course:

Not valid for renewal of certification through CME. Do not use for TransCelerate mutual recognition (see Completion Report).

Biomedical Research - Basic/Refresher (Curriculum Group)
Biomedical & Health Science Researchers (Course Learner Group)
1 - Basic Course (Stage)

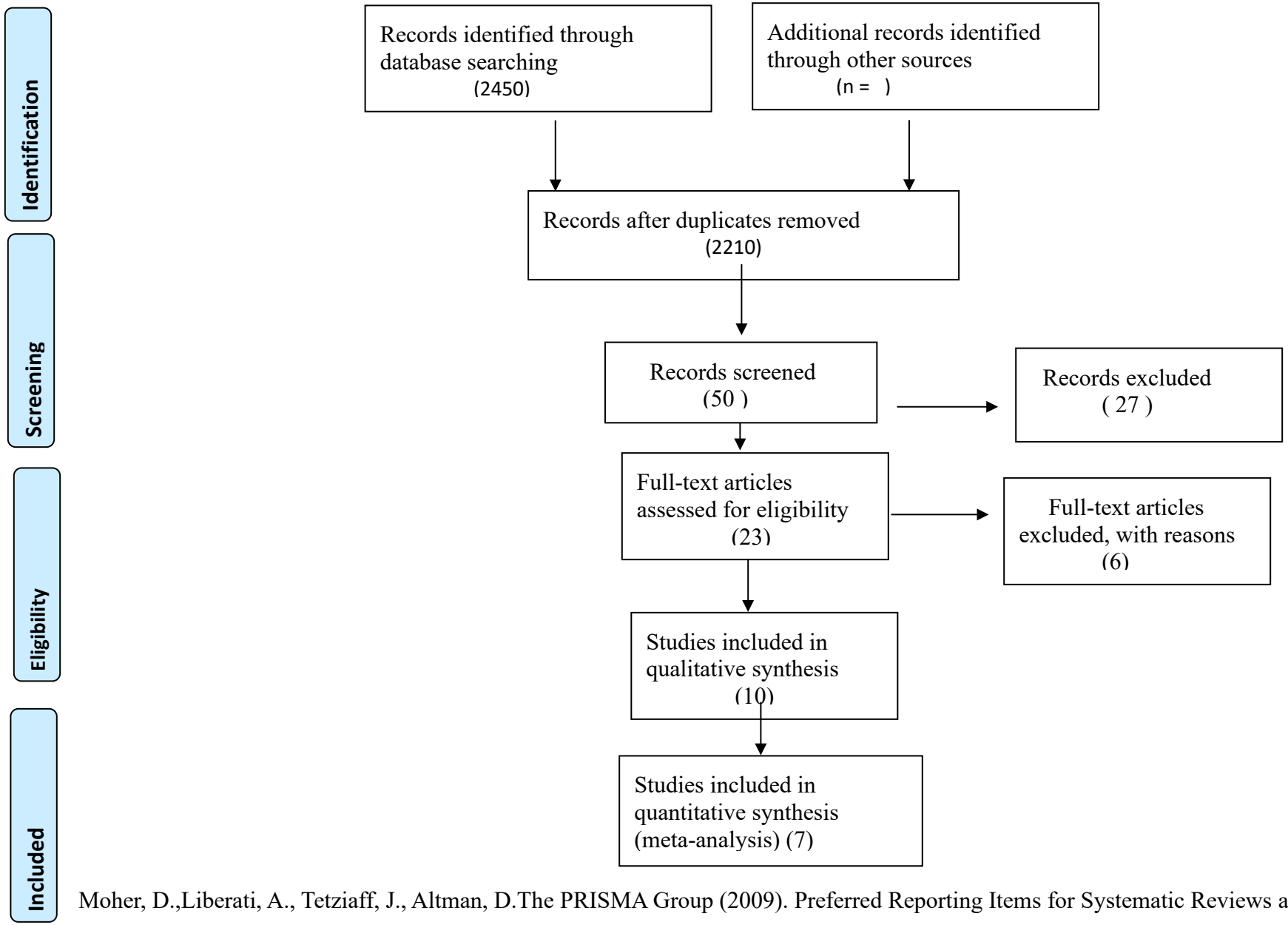
Under requirements set by:

Liberty University

CITI
Collaborative Institutional Training Initiative

Verify at www.citiprogram.org/verify/?w896fa4fc-133f-417f-83ed-40c7c183d6f2-36658759

Appendix D: PRISMA Chart



Moher, D.,Liberati, A., Tetziaff, J., Altman, D.The PRISMA Group (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement PloS Med 6(6):e1000097. doi:10/1371/journal.pmed.1000097