Introduction and Background

• Healthy work environments that support the well-being of nurses have been recognized by the American Nurses Association and the American Association of Critical Care Nurses as an important issue in contemporary nursing.1
• Critical care nurses are at increased risk for compassion fatigue (CF), compounded by COVID-19 pandemic.2

Compassion fatigue contributes to diminished caring behaviors, increased turnover, and impaired coping abilities among nurses.1
• Increased levels of self-compassion (SC) and mindful self-compassion (MSC) training are associated with reduced measures of compassion fatigue.1,2

• Nurses working within a medical-oncology intensive care unit (ICU) at a large academic medical center during the COVID-19 pandemic were identified as being at risk for compassion fatigue.

Purpose and Aims

• The purpose of this DNP scholarly project was to increase measures of SC and reduce levels of CF among medical-oncology ICU nurses through brief, unit-based MSC practices delivered over 30 days.
• Aim 1: Increased levels of SC among nurses, as measured by the Self-Compassion Short Form (SC-SF).
• Aim 2: Decreased levels of CF among nurses, as measured by Compassion Fatigue – Short Scale (CF – Short Scale).

Methods

• Quality-improvement project with a longitudinal single-group pre/post study design.
• Informed by an integrative review on the relationship between CF and SC among nurses.
• Five-minute audio practices developed using key concepts from Neff’s Theory of SC and MSC training, with a unique emphasis on healthcare experiences.1
• Mindful self-compassion practices offered in person to all staff during the night and day shift over 30 days.
• Flip cards with QR code links to the practices placed in common staff areas to support sustainable access to the practices.
• Pre, post, and 30-day post surveys completed by eligible nurses included SC-SF, CF-Short Scale, and open-ended questions about nurses’ experiences.
• Related-samples Wilcoxon Signed Rank non-parametric test for statistical analysis of pre/post SC and CF scores.
• Friedman non-parametric test for statistical significance of SC and CF scores at all three intervals of measurement.

Results

Aim 1: Self-Compassion

• Decrease in SC-SF scores among paired pre/post test respondents (N=12) with pre-intervention mean score of 3.24 and post-intervention mean score of 3.10 (p = .369); related to outlier scores for two survey participants with little or no participation in the intervention.
• Sustained increase in SC-SF scores for matched responses at all three periods of measurement (N=6) with pre-intervention mean score of 3.38, post-intervention mean score of 3.56, and 30-day post-intervention mean score of 3.92 (p = .115).

Aim 2: Compassion Fatigue

• Decrease in CF-Short Scale scores among paired pre/post test responses (N=12) with pre-intervention mean score of 4.96 and post-intervention mean score of 4.44 (p = .226).
• Sustained decrease in CF from pre to 30 day post intervention for matched responses at all three periods of measurement (N=6) with pre-intervention mean score of 4.32, post-intervention mean score of 3.63, and 30-day post-intervention mean score of 3.97 (p = .135).

Self-Compassion and Compassion Fatigue Group Mean Scores

<table>
<thead>
<tr>
<th></th>
<th>Pre-Intervention</th>
<th>Post-Intervention</th>
<th>30-Day Post-Intervention</th>
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<tbody>
<tr>
<td>Self-Compassion</td>
<td>3.38</td>
<td>3.56</td>
<td>3.92</td>
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<tr>
<td>Compassion Fatigue</td>
<td>4.32</td>
<td>3.63</td>
<td>3.97</td>
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Nurses’ Impressions and Experiences of Mindful Self-Compassion Practice Intervention

Selected Responses from Nurses: Impact of the the MSC Practice Intervention

• “They are a nice way to slow down and breath during my shifts”
• “They allowed me to take a deep breath and step away from work for a minute to care for myself lovingly.”
• “They reminded me to slow down and take time for myself …instead of powering through and putting my patients’ needs always before my own.”
• “They really help to decrease my stress level and reset, especially during a tough shift.”

Conclusions

• Clinical leaders and healthcare organizations may find brief MSC practices to be an ideal approach to reducing CF and supporting the wellbeing of caregivers.
• Further research is necessary to determine the minimum amount of MSC practice required to produce a significant impact on levels of CF and SC among nurses.
• Future QI initiatives should ensure the MSC intervention is delivered with a focus on feasibility and accessibility to support nurses’ participation.
• Try II: Scan the QR code and experience 5 minutes of mindful self-compassion practice.

Dissemination

• This QI project was selected for poster presentation at the National Association of Clinical Nurse Specialists (NACNS) annual conference in 2021.
• This project may be published within a peer-reviewed journal.

Citations