

## Introduction

- Compassion is an essential attribute for a medical professionals (Hamilton, Tran, and Jamieson, 2016).
- Emergency departments are a breeding ground for compassion fatigue (Bellolio et al., 2014).
- Recognizing it is first step towards healing (Sinclair et al., 2017).
- The aim of this project was to reduce compassion fatigue by increasing it awareness among Advanced Practice Providers.
- Research studies have shown increasing compassion satisfaction can promote array of positive outcomes for the employees, employers, patients and the health system (Hamilton, Tran & Jamieson, 2016).

## Background and Significance

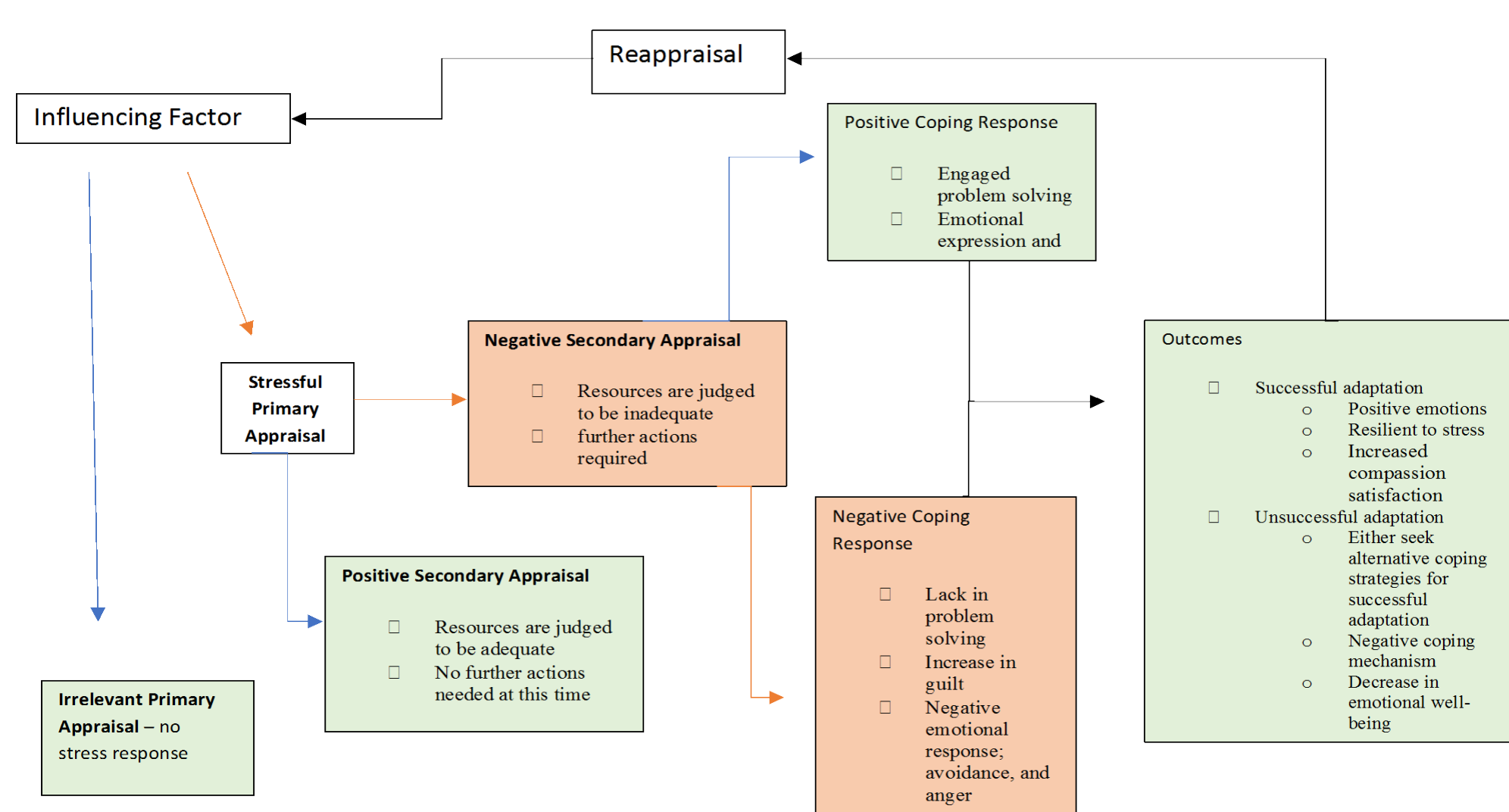
Compassion Fatigue: is the provider's inability to empathize and connect with a patient for compassionate care (Fernando & Consedine, 2014). Increased compassion fatigue can lead to various negative consequence such as:

- Poor patient-provider relationship
  - Poor diagnosis – increased malpractice.
  - Unsatisfactory patient (Weilenmann et al. 2018.)
  - Personal detachment
  - Loss of professional sense of meaning
  - Objectification of patient
  - Unsatisfactory work environment
  - employee turnout (Hunsaker, Chen, Maughan & Heaston, 2015).
- ✓ First study to evaluate compassion fatigue among ED APP.
- ✓ One of few studies to intervene the problem, as majority focus on just recognizing the population.

## Clinical Question

Can raising awareness regarding compassion fatigue among emergency department Advanced Practice Providers improve their Compassion Fatigue/Satisfaction Self-test score after one month of the intervention?

## Theoretical Framework



## Methodology

**Study Design**  
Quasi-experimental

**Setting:**  
Two hospitals in Southern NJ.

**Study population**  
Emergency Department Advanced Practice Providers

**Risks and Harm**  
Minimal

**Pre-Test:**  
Consent form, Compassion fatigue self test & demographic questionnaire.

**Intervention**  
One-on-one interview and an informational pamphlet

**Post-Test**  
Retake CFST one month after the intervention

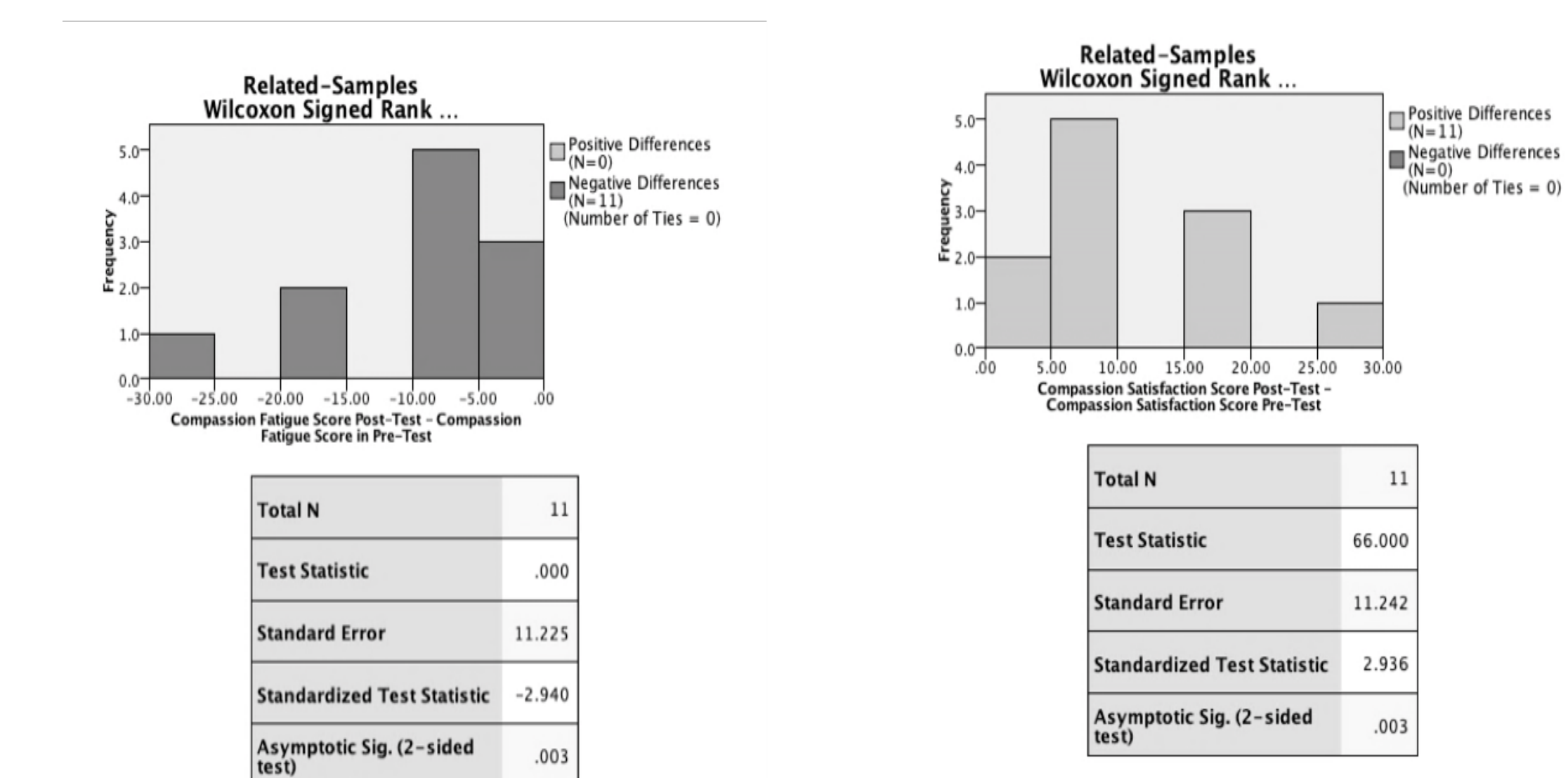
## Common Themes Identified During Interview:

- Perception of Compassion Fatigue**
- “tank half empty” or “lack of empathy”.
- Causes of Compassion Fatigue**
- “frustration caused by caring for a patient that is not easy to be treated”
- Situation that decreased Compassion Satisfaction**
- Treating alcoholic is challenging “They do want to help themselves and you have to watch them deteriorate overtime, as they are frequently brought in by EMS or police”.
- Methods to Reduce Compassion Fatigue**
- “Sometimes it’s just good to be heard”. “It feels reassuring when you hear your co-workers facing similar challenges as you.”
- Methods to Improve Compassion Satisfaction**
- “I like to pick a patient of the day; someone I spend more time with or go an extra mile to provide the best care possible. It helps me feel good as a provider.”

## Results

Eleven emergency department Advanced Practice Provider agreed and completed the study.

- The mean score of compassion fatigue prior to intervention was 29.36 and reduced to 19.27 in posttest. Similarly, the CS score improved from 85.73 to 95.92 after the intervention.
- There were no significant correlations found between participant's demographic response and their pre-test compassion fatigue/satisfaction score.
- Compare to pre-test, compassion fatigue in post-test had a negative difference and compassion satisfaction had a positive difference.



## Discussion and Implication

This study found positive correlation between the intervention and improved compassion fatigue/satisfaction scores. Though the sample size was small, it is considerably acceptable as the setting only had 15 total advanced practice providers that could have participated in the study. The CFST that served as a tool for pre and post-test was modified to focus on just compassion fatigue and satisfaction, rather than including burnout and secondary traumatic stress disorder. Furthermore, some questions were little outdated and no longer a concern for medical profession in this day an age.

Majority of participants stated that they found this study helpful. The responses form the interview can be used to improve future practices for example:

- It is apparent that raising awareness regarding compassion fatigue, make providers more mindful of their practice.
- Response can be used to build a better tool to gauge compassion fatigue /satisfaction in clinicals practicing in present time.
- Hospital system can to motivated to make changes; change in policies to improve staffing, setting and outpatient resources.
- Economically, there are no additional funds needed to make these changes however the financial benefits of implementation it could be enormous.

Project will be disseminated via poster day and possible publication in peer reviewed journals.

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