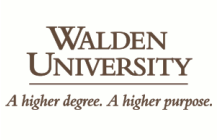




2015

# The Relationship between Compassion Fatigue and Self-Transcendence among Inpatient Hospice Nurses

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This is to certify that the doctoral study by

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has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
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Abstract

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MSN, University of Phoenix, 2007

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## Abstract

Health care complexities have limited the understanding of nursing care and have jeopardized the "soft skills" or foundation of caring as the art of nursing. Hospice nurses provide a deeper, more spiritual and complex type of care for critically ill and end-of-life (EOL) patients, which place them at a high risk for compassion fatigue. Using Reed's middle range theory of self-transcendence, the purpose of this project was to examine the relationship between compassion fatigue and self-transcendence among inpatient hospice nurses. A descriptive, correlational research methodology guided this inquiry surveying a convenience sample of 42 inpatient hospice nurses at 4 hospice locations. The Professional Quality of Life Scale assessment and Reed's Self-Transcendence Scale were used to survey inpatient hospice nurses. According to study results, although self-transcendence was not significantly associated with fatigue, there was a positive correlation between self- transcendence and compassion satisfaction and between affect and self-transcendence. This study leads to positive social change by providing hospice nurses strategies on how to cope with grief and trauma experienced on-the-job, leading to improved hospice care.

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# Dedication

The dedication of this project is to the hospice nurses and staff who graciously opened their doors to allow my intrusion and exploration of their nursing specialty in order to gain additional insight into the depth of compassionate care provided by hospice nurses to improve the future practice of nursing.

# Acknowledgments

Acknowledgement of this doctoral project graciously begins by thanking Tonya Gottshalk, ARNP who mentored the enormous undertaking of such a project. Her guidance and true love of hospice nursing will forever be a special place in my heart along with the many staff members who provided data for this project. In addition, appreciation for faculty mentor and committee chair Dr. Allison Terry, PhD and committee members Dr. Mary Rodgers, PhD and Dr. Jonas Nguh, PhD. for their guidance, support, and encouragement throughout this journey of professional growth. Finally, I could not have accomplished his challenge without the patience, understanding, love and support of my nursing colleagues, classmates, and most of all my loving family who understood the sacrifices that took precedent during this journey.

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Section 1: Nature of the Project

## Overview of the Evidence-Based Project

Caring is considered to be the foundation of nursing. In the theory of caring, Watson (2013) emphasized the combination of the humanistic aspects of nursing and scientific knowledge, giving meaning to the nursing profession as caregivers in the empathetic relationship established between the patient and the nurse. Compassion is the symbiotic core element in the nurse-patient relationship. However, in care-giving occupations such as nursing, nurses are at risk for experiencing compassion fatigue (Day & Anderson, 2011) in their attempt to maintain a balance between empathetic engagement and appropriate emotional boundaries (Bush, 2009). Moreover, the increasing demands and complexities of health care place additional clinical demands on nurses who attempt to address the physical, psychosocial, and spiritual domains of their patients and their families (Harris, 2013; Sabo, 2008). Common themes among strained caregivers include a lack of family engagement, feelings of hopelessness, helplessness, and apathy (Day & Anderson, 2011). Although the attention toward compassion fatigue and the loss of the capacity to care has gained attention in recent years, early Native American teachings initially identified the concept of compassion fatigue, alluding to each time a person provides care or heals another individual, a piece of themselves is given away, until a point where healing is necessary for that caregiver (Stebnicki, 2008).

Compassion fatigue was earliest discussed by Figley (1983) as a "state of tension and preoccupation from the cumulative impact of caring" (p. 10) with caregivers being vulnerable because of their empathetic core values. Joinson (1992) defined compassion

fatigue as a response experienced by nurses as care-giving professionals (Aycock &Boyle, 2009; Coetzee & Klopper, 201; Najjar, Davis, Beck-Coon, & Doebbinling, 2009). Although compassion fatigue was originally described as a secondary event to a traumatic experience, Figley (as cited in Lombardo & Eyre, 2011) referred to compassion fatigue as a "combination of physical, emotional, and spiritual depletion associated with care giving" (p. 3). The effects of compassion fatigue have been researched in how they affect work satisfaction, performance, and physical health. The increase in turnover and in patient care outcomes are growing concerns for future health hospice nurses and for nurses in general (Lombardo & Eyre, 2011).

The prevalence of compassion fatigue is influenced by cumulative loss (Ayock & Boyle, 2009). The specialty of hospice nursing is stressful as a result of constantly coping with grief from cumulative losses (LaToya, 2013; Munley, 1985). Hospice nurses are members of an interdisciplinary team and often experience continuous "gut wrenching" snowballing of losses and situational and emotional crises. Moreover, hospice nurses are often confronted with difficult circumstances where comfort and compassionate care is not achieved (Kehoe, 2006). The absence of strategies or interventions creates maladaptive coping mechanisms. The lack of coping mechanisms affects the delivery of compassionate care and what are known to be the "soft skills" of nursing, which in turn produce poor outcomes. A lack of coping mechanisms can also lead to poor quality of care and a decrease in patient care outcomes, as well as a decrease in the retention of experienced inpatient hospice nurses. Within the last decade, there are

fewer experienced hospice nurses to mentor new nurses and build critical thinking skills during end-of-life care (Ayok & Boyle, 2009).

Self-transcendence is a concept that has been studied in both healthy and ill patients (Palmer, Griffin, Reed, & Fitzpatrick, 2010) and may be applied to other circumstances. Self-transcendence develops over a person's lifespan (Reed, 1991) and has been positively correlated to a sense of emotional well-being and logical reasoning, including a decrease in depression (Coward, 1996; Ellerman & Reed, 2001). Self-transcendence is conceptualized as growing spiritually, involving the expansion of an individual's boundaries, and an increased awareness and appreciation for the present (McEwen & Wills, 2011, p. 237). Self-transcendence is associated with a person's social, emotional, physical, functional, and spiritual well-being (Haugan, Rannestad, Hanssen, & Espnes, 2012). Research related to self-transcendence among hospice nurses is scarce. Hunnibel, Reed, Quinn, and Fitzpatrick (2008) explored self-transcendence and burnout among oncology and hospice nurses and found a significant correlation between self-transcendence and burnout within these two nursing specialties. Additional research in self-transcendence as a coping mechanism among inpatient hospice nurses is needed to understand possible strategies to promote the prevention of compassion fatigue. The aim of this project was to explore the relationship between compassion fatigue and self-transcendence among hospice nurses and to identify similar characteristics of those nurses who have a higher level of self-transcendence. The aim of this study was to identify common themes among those nurses with a higher level of self-transcendence and compassion satisfaction.

## Problem Statement

Changes in health care are becoming increasingly stressful and demanding for nurses (Harris, 2013). The overall well-being of nurses continues to be challenged as nurses struggle with the burden to provide "cure versus care" (Sabo, 2009) in spite of growing limited resources, increases in workload and assignments, and an increase in the aging workforce. An increase in the shortage of inpatient hospice nurses has been a growing concern within the past decade (Latoya & Harris, 2013). Abendorth and Flannery (2006) cited the risk factors between compassion fatigue and hospice nurses. Nurses often experience difficulty sleeping, a decrease in energy, and an increase in anxiety (Martens, 2009). Inpatient hospice nurses are exposed to additional events of pain, suffering, and trauma (Coetzee & Klopper, 2008). Other cumulative effects of compassion fatigue result in burnout; however, minimal research has been conducted in the area of compassion fatigue and coping specifically related to inpatient hospice nursing. In the provision of effective end-of-life care, inpatient hospice nurses provide a sense of healing, which is considered to be at a deep spiritual level (Bush, 2009). Empathetic caring is stressful when providing care to end-of-life-patients with complex illnesses.

Inpatient hospice and palliative care nurses are at an increased risk of experiencing a sense of grief or loss as a result of the interconnectedness and rapport established in the relationships built between their patients and their family members (Boyle, 2011; Coetzee & Klopper, 2008; Harris, 2013). Hospice nurses use defense mechanisms to cope with the challenges of their nursing specialty (Payne, 2001) and have

a sense of calling in the provision of compassionate care (Wright, 2002). The lack of support during work-related stress leads to psychological distress (Olofsson, Bengtsson, & Brink, 2003) and an increase in role dissatisfaction, decreased in role performance, job burnout, and poor patient care outcomes. Additional moral distress results from multiple responsibilities in caring for complex end-of-life patients in the attempt to orchestrate a plan of care with limited resources and ancillary staff, an increase in nurse-patient ratios, and increases in technology requirements and organizational demands (Lobb et al., 2010). Other factors affect the nursing workforce, such as the increase in the aging population, health care reform, and the aging nursing workforce, all of which have resulted in a decrease in the numbers of nurses entering the field of hospice and palliative care. The need to attract and retain hospice nurses is critical for the future of hospice programs as increases in workplace stress impacts the nurses' well-being, patient care outcomes (Agency for Healthcare Research and Quality [AHRQ], 2004; Harris, 2013), and the ability to provide compassionate care or soft skills at the bedside. Hospice nurses are at an increased risk of developing compassion fatigue as a result of balancing empathetic relationships with dying patients and their families despite increasing health care and organizational demands. Therefore, addressing the effects of compassion fatigue among hospice nurses is important for the future of hospice nursing. Likewise, understanding the characteristics of those who have an innate ability to cope with compassion fatigue will provide insight into the prevention of burnout and compassion fatigue.

## Purpose Statement and Project Objectives

Early hospice nurses were drawn to providing compassionate care based upon their own life experiences, religious beliefs, or the moral distress patients suffered in intensive care units (Buck, 2009). There is growing concern regarding the current structure of the delivery of compassionate care as it relates to staff numbers and workload (Douglas, 2010); however, there is a gap in understanding the ways in which hospice nurses continue to provide compassionate care during end-of-life in spite of economic and technological health care changes (The Medicare News Group, 2014). The purpose of this project was to determine what relationship exists, if any, among hospice nurses who have developed a higher level of self-transcendence in order to support future strategies and interventions addressing this practice issue. The findings of this project will establish additional evidence to develop intervention strategies that will improve the overall workplace satisfaction and improve patient care outcomes. Objectives of this project were two-fold: to gain an understanding of the relationship between compassion fatigue and self-transcendence and to provide insight regarding the characteristics related to the prevention of compassion fatigue from those nurses who experience a higher level of self-transcendence.

## Significance/ Relevance to Practice

Caring for terminally ill patients with increasing disease complexities poses additional challenges in the delivery of hospice care (Abendorth & Flannery, 2006). Nurses are at risk for losing their caring capacity because of budgetary and other operational constraints, which reduces the availability and amount of time nurses spend

with patients to provide soft skills (Douglas, 2010). On the other hand, nurses are expected to have a certain level of competency in their care-giving, which includes communication and professionalism as a part of delivering soft skills in nursing. These soft skills of nursing are considered to be a compliment to professional competencies as they assist nurses in formulating good judgment, critical thinking, and problem solving (Sommer, n.d). However, changes in health care are challenging nurses' functional role by creating too many tasks, resulting in implications that influence the ability to provide this compassionate care and ability to use these soft skills. In order to be effective in providing empathetic care, hospice nurses must provide compassionate and spiritual care (Bush, 2009). The advocacy role of hospice and palliative caregivers within organizations places nurses at risk for physical exhaustion, over commitment, and a loss of self and personal boundaries in the attempt to balance these demands (Abendorth & Flannery, 2006; Malloy, Thrane, Winston, Virani, & Kelly, 2013).

## Project Questions

The research questions for this study included the following:

- What is the relationship between compassion fatigue and self-transcendence among hospice nurses?
- What coping strategies are used among hospice nurses who have a higher level of self-transcendence for future interventions?
- What characteristics exist among hospice nurses who have a higher level of self-transcendence?

## Evidence-Based Significance of the Project

Nurses support end-of-life patients and their families; thus, they encounter many stressors in providing this type of care. Identified stressors include physician and coworker stress, heavy workload, inadequate resources to ethical issues, poor self-esteem, aging workforce, and limited resources (Bush, 2009; Coetzee & Klopper, 2010). Sigma Theta Tau International (2010) identified the global concern of compassion fatigue among nursing communities. Schwamm et al. (2010) claimed that those who experience compassion fatigue will typically experience changes in job performance, are likely to have an increase in mistakes, have noticeable changes in personality, and experience a decline in health status (p. 422). Other changes in the delivery of care have been influenced by health care reform and cost constraints compromising the health and well-being of these professionals. The urgency to address the aging nursing workforce, the increase in nursing turnover, and the burden of decreasing productivity has become a national priority for the profession of nursing and is compounded by the addition of compassion fatigue (Hooper, Craig, Janvrin, Wetsel, & Reimels, 2010; Lombardo & Eyre, 2011).

## Implications for Social Change in Practice

Health care is considered to be stressful (Kehoe, 2006), and all caregivers are at risk for developing compassion fatigue. Lazarus and Folkman (1984) explored the relationship between a person's coping responses and the ability to adapt to stress. Researchers have identified the increase of burnout and job dissatisfaction (Abendorth & Flannery, 2006; Hooper et al., 2010; Hunnibel et al., 2008) among hospice nurses, which

can lead to developing compassion fatigue. Factors such as a person's coping abilities, years of experience, and a healthy separation between professional and personal responsibilities can prevent compassion fatigue (Abendorth & Flannery, 2006). However, there is variance as to whether or not hospice nurses experience higher stress levels than other nursing specialties (Harris, 2013). Understanding the relationship between compassion fatigue, workplace stress, and coping measures is a significant issue for hospice nursing and for other areas of nursing as well. Additional knowledge and understanding of the significance of compassion fatigue and how it relates to the nursing profession and health care organizations can be used to identify prevention measures for burnout and compassion fatigue. Larson (1993) stated that nurses who are not effective in changing their environments are more likely to burn out early in their career. Therefore, addressing compassion fatigue and ways to promote self-transcendence are aimed toward promoting nurses' self-care. Further research related to compassion fatigue is vital in closing this gap for future nursing retention, patient satisfaction and outcomes, and nursing satisfaction.

## Definition of Terms

*Burnout*: According to Maslach (as cited in Potter et al., 2010) burnout is a "cumulative stress from the demands of daily life, a state of physical, emotional, and mental exhaustion which is caused by the depletion of the ability to cope with the work environment" (p. 57). Burnout is more progressive in its onset as opposed to compassion fatigue, which has more of an acute onset (Lombardo, 2011). Nurses who experience burnout symptoms are disengaged or feel indifferent about their work, leading to a

withdrawal from patients and their work environment. It is the inclusive prolonged effects of burnout that leads to the development of compassion fatigue over time (Lombardo & Eyre, 2011; Sabo, 2011).

*Compassion fatigue*: A natural behavior or emotion in response traumatization (Sabo, 2008). Coetzee and Klopper (2010) defined compassion fatigue as "the end result of a progressive and cumulative process that is caused by prolonged and intense contact with patients, the use of self, and exposure to stress" (p. 237). The phenomenon of compassion fatigue is considered to be the limit of compassionate energy expenditure where nurses continue to care despite these limits resulting in social, emotional, physical, spiritual, and intellectual changes that progress and limit the ability of one to provide compassionate and empathetic care. Nurses who experience compassion fatigue are at risk for making mistakes, demonstrate changes in job performance, experience health problems, and are more likely to leave the profession (Hooper et al., 2010). Stamm (2013) suggested compassion satisfaction as a factor which builds "resiliency of the human spirit" (p. 110) in preventing compassion fatigue.

*Compassion satisfaction*: Compassion satisfaction is the enjoyment a person gains from performing his or her role as a caregiver and is a positive "balancing out" of the unconstructive aspects in caring for terminally ill or distressed individuals (Hooper, et. al., 2010).

*Self-transcen*dence: A coping resource that a person develops over time with connection to the past, present, and future. This process is gradual and allows for a new understanding that develops over time in the search and meaning between life and death

(Reed, 1991). Frankl (2000) posited that self-transcendence is an innate understanding of a person's own existence. The characteristics of self-transcendence include a spiritual awareness of self, relationship with a individual's surroundings and others, a relationship with a higher being, and a "purpose greater than oneself" (Hunnibel et al., 2008). In the theory of self-transcendence, Reed (1991) described self-transcendence as an expansion of a person's own imitations within interpersonal, intrapersonal, transpersonal, and temporal domains. Self-transcendence becomes evident through a greater self-acceptance; reaching out to others; openness to new meanings in life; and a greater appreciation or acceptance of the past, present, and the future (McCarthy, Ling, & Carinoi, 2013). A person's well-being is positively correlated to self-transcendence (Coward, 2006). Self-transcendence is experienced when an individual feels defenseless or vulnerable (Hunnibel et al., 2008). The essence of self-transcendence is the capacity rise above a person's own needs and self-sacrifice in order to meet the needs of another.

## Assumptions and Limitations

Exposure to repeated loss and death increase the risk and prevalence of compassion fatigue (Ayock & Bole, 2009). In this project, I assumed that compassion fatigue is more common among hospice nurses because of multiple work-related factors. These include changes in patient workload and assignments, an increasing shortage of hospice nurses, additional strain related to health care reform and organizational constraints, and daily stressors related to coping with patient and family death and dying. The risks associated with compassion fatigue may be lower in those hospice nurses who have developed a higher level of self-transcendence.

Methodological limitations of this project included a small convenience sampling of hospice nurses. In order to maintain anonymity of surveys, demographic data were chosen to be eliminated. Data saturation was not achieved in this sample survey of nurses because of this small sample. Another potential limitation was the use of the Professional Quality of Life Subscales, R-V (ProQoL) compassion satisfaction and compassion fatigue scale, which includes additional questions about job satisfaction and burnout. Questions related to burnout may have misled study participants, although the tool is designed to address compassion satisfaction and compassion fatigue.

## Summary

Hospice nurses provide complex care for critically ill and terminally ill patients. Care-giving relationships are sensitive and create psychological burdens. This day-in and day-out repeated exposure to traumatic experiences places hospice nurses at a higher risk of developing weakened coping skills and compassion fatigue. The stress that originates from building close relationships with patients and their families, along with the complexities of health care, pose additional work-related stressors in many areas of nursing. Additional insight related to the relationship between compassion fatigue and self-transcendence as an innate coping measure to prevent compassion fatigue, job dissatisfaction, and high nurse turnover in the hospice setting is crucial. Understanding the relationship between compassion fatigue and self-transcendence provides insight into developing interventions to address this growing concern, which will in turn improves patient care outcomes and allows nurses in all areas to not lose sight of compassionate care and the soft skills of nursing.

Section 2: Review of Literature and Theoretical and Conceptual Framework

## Compassion Fatigue Literature Review

Historically, the dimension of nurses as professional caregivers has been synonymous with caring and compassion. In early literature, compassion fatigue has been described as the "emotional cost of caring" (Figley, 1995; Stamm 1995). Within the past 2 decades, the link between nursing and caring has become a concern as high levels of nurse dissatisfaction and nurse burnout have resulted in compassion fatigue. Previous researchers have delineated the correlation between nursing burnout as an occupational hazard; yet, little is known about compassion fatigue among nurses and their resiliency in the prevention of this phenomenon.

## Specific Literature

Stress and burnout are not new concepts to the profession of nursing (De Carvalho, Muller, & Bachion, 2005; Hall, 2004). In order to gain a better understanding of the concept of compassion fatigue, an electronic literature search was conducted using the search engines of CINAHL and PubMed from 1981 to 2013. The literature review consisted of peer-reviewed journals, authored texts, and intranet websites. Several studies exist on compassion fatigue among caregivers, disaster relief personnel, therapists, and social workers. However, there is minimal research on compassion fatigue among hospice and palliative care nurses. No prior studies were found linking compassion fatigue and self-transcendence among hospice nurses. Key Boolean search words included *compassion fatigue*, *hospice nurses*, *burnout*, *occupational stress*, *compassion satisfaction*, and *self-transcendence*. Prior researchers have supported the

exploration of compassion fatigue to create an awareness of the prevalence of compassion fatigue, its risks, and the urgency to address compassion fatigue prevention.

Compassion fatigue has been researched among non-nursing groups and caregivers (Lynch & Lobo, 2012). Joinson (1992) described the early definition of compassion fatigue as a form of burnout among nurses that resulted in the inability to continue to provide compassionate care. Figley (2005) defined compassion fatigue as a "state of exhaustion and dysfunction, biological, psychologically, and socially- a result of prolonged exposure to compassion stress and all that it evokes" (p. 253). Figley stated that compassion fatigue is similar to other forms of fatigue, as it decreases a person's capacity and concern in accepting the suffering of others (p. 1,434). Other researchers have associated compassion fatigue as secondary to a traumatic event or experience, which is referred to as vicarious traumatization (Abendorth & Flannery, 2006; Burtson & Stichler, 2010; Maytum, Heiman, & Garwick, 2004). Nurses caring in various settings such as hospice are able to cope and use problem-solving techniques among coworkers and nursing leaders (Yoder, 2010). However, scholars have not illustrated a consistent definition of stress, burnout, and compassion fatigue (Day & Anderson, 2011). To identify common themes related to compassion fatigue, Day and Anderson (2011) alluded to compassion fatigue as an acute onset, which is dependent upon the relationship between caregiver and recipient, has an association with burnout, and leaves the caregiver with an apathetic affect or inability to be empathetic.

## General Literature

For nearly 2 decades, compassion fatigue has been discussed in the literature in the attempt to capture the physical, psychological, emotional, and spiritual well-being among caregivers. As an evolving conceptual domain, compassion fatigue unlike burnout is a phenomenon that persists and is characterized by "emotional exhaustion, depersonalization, and lack of personal fulfillment or accomplishment" (Sabo, 2008, p. 25). Sabo (2008) and Lombardo and Eyre (2011) asserted that compassion fatigue was originally referred to as "secondary stress" and is described as a "natural consequence" from repeated traumatizing events, noting that the three concepts of burnout, vicarious traumatization, and compassion fatigue are the consequences of performing caring work.

Hunnibell, Reed, Quinn-Griffin, and Fitzpatrick (2008) conducted a descriptive comparative research study to determine the relationship between burnout and self-transcendence among hospice nurses and oncology nurses. Hunnibell et al. was the first to explore self-transcendence among nursing professionals. Prior researchers have correlated self-transcendence to mental well-being among patients (Ellerman & Reed, 2001). Reed's (1991) middle range theory of self-transcendence guided this study with statistically significance findings between self-transcendence and the three aspects of burnout ($P<.011$). Further research is needed to determine effective ways to nurture a nurse's self-transcendence. No prior research has been conducted in determining the relationship between compassion fatigue and self-transcendence.

**Burn-Out versus Compassion Fatigue**

Naajar, Davis, Beck-Coon, and Doebbinling (2009) contended that compassion fatigue has never been defined in the literature, and it is consistently linked to other conceptual ambiguities such as burnout, vicarious traumatization, and secondary stress disorders. Coetzee and Klopper (2010) explored an operational definition of compassion fatigue and claimed that it occurs when a person over extends him or herself and surpasses the restorative process. Compassion fatigue is considered to be the end result of a repeated loss caused by the continuous, prolonged high levels of energy and compassion and the exposure to stress without experiencing positive outcomes (Coetzee & Klopper, 2010; Najjar et al., 2009). Burnout may lead to an indifference or withdrawal from patients. Compassion fatigue results from involvement with patients and their families. In response, continuation of burnout over time can lead to compassion fatigue (Lombardo & Eyre, 2011; Sabo, 2011). Abendorth (2006) conducted a descriptive, nonexperimental design to investigate the prevalence of compassion fatigue among hospice nurses and demonstrated that 78% of the hospice nurses in the study were at moderate to high risk for compassion fatigue and 26% were in the high-risk category.

**Care-Giving Empathy and Satisfaction**

Abendorth and Flannery (2006) surveyed 216 hospice nurses to determine if they had a high risk for compassion fatigue ($N$=170) with self-sacrificing behaviors as a contributing factor contributing factor to compassion fatigue. This group of caregivers' work was stressful, and they were at an increased risk of compassion fatigue with 34% of the nurses exhibiting high risk behaviors. Sabo (2011) conducted a conceptual analysis

of the literature noting that Figley's (2002) explanatory model of compassion fatigue is self-limiting in that it fails to articulate the influencing factors that can serve and protect the therapeutic nurse-patient relationship. No one perceives empathy in the same context. As a "binary-dimension," Sabo (2011) argued that either a person has empathy or he or she does not, which does not take into consideration the varying degrees in which a person may respond in the development of compassion fatigue.

Hooper et al. (2010) used the PROQol to evaluate compassion satisfaction, fatigue, and burnout among emergency room workers in comparison to three other specialty areas: intensive care, nephrology, and oncology. Hooper et al. indicated that 82% of the emergency room nurses were identified with high levels of burnout, with nearly 86% experiencing moderate to high levels of compassion fatigue, whereas intensive care nurses reported a higher risk for burnout and oncology nurses a higher risk for compassion fatigue. Conversely, Stamm (as cited in Gori, Hemsworth, Chan, Carson, & Kazanjian, 2011) and Hooper (2010) identified compassion satisfaction as the positive aspect of caring and the emotional reward that caregivers experience in the caring context, which provides a sense of a change for the better. Compassion satisfaction counterbalances the risk of compassion fatigue and provides a sense of resiliency of the human spirit (Stamm, 2010). Stamm (2013) explained that the relationship between compassion fatigue and compassion satisfaction is balancing the advantages with the disadvantages. In the attempt to explore the understanding of compassion satisfaction, compassion fatigue, and burnout, Slocum-Gori et al. (2011) surveyed 503 hospice and palliative care workers and indicated a significant negative correlation between

compassion satisfaction and burnout ($r$=-0.531, $p$<0.001) and between compassion satisfaction and compassion fatigue ($r$=-0.208, $p$<0.001) and concluded a significant positive correlation between burnout and compassion fatigue ($r$=0.532, $p$<0.001).

## Conceptual Models/Theoretical Framework

### Middle Range Theory of Self-Transcendence

Theory as it is applied to nursing practice is an organized structure of knowledge that provides nurses with evidence for practice; theory as it is applied to the profession of nursing serves as a connection between a nurses' world view and the manner in which nursing care is delivered for positive patient care outcomes (Parker, 2001). Self-transcendence is conceptualized as a growing spirituality that involves a person's loss of boundaries and an increasing deeper appreciation of the present (Levenson, Jennings, Aldwin, & Shiraishi, 2005). Self-transcendence is a holistic middle range nursing theory that is used to explore the relationship between the nurse and the environment. Reed (2003) described this middle range theory of self-transcendence as "the ability to expand one's self-boundaries (interpersonally) and to connect one's past, present, and future to create a new meaning for the present" (p. 147). Reed's Self-transcendence Scale (STS) is an instrument that is used to identify intrapersonal, interpersonal, and temporal experiences which mirror an expansion of an individual's coping abilities or boundaries (Levenson et al., 2005).

Repeated exposure to grief, loss, and human suffering leads to weakened defenses and the risk for developing burnout and compassion fatigue (Palmer, 2010). Reed (1991) explored the concept of self-transcendence in the context of end-of-life issues and

hypothesized that, at any age, a person can develop coping mechanisms while experiencing trauma or vulnerability. Self-transcendence activities that promote well-being increase an individual's personal boundaries throughout a lifespan as it correlates to traumatic changes, loss, and increasing periods of vulnerability (Hunnibell et al., 2008). Smith and Liehr (2008) postulated that self-transcendence "embodies experiences that connect rather than separate a person from self, others, or the environment" (p. 106). Based upon this underlying assumption, a person who is able to use self-transcendence as a way to address life challenges improves the well-being of his or her self and others. In relevance to nursing and the nurse-patient relationship, self-transcendence is evidenced by an increase in the nurse's self-acceptance; an openness to a higher purpose; a discovery of new meaning; and a better understanding of his or her relationship with the past, present, and future (Hunnibell et al., 2008). Nurses who have a higher sense of self-transcendence promote patient well-being and positive patient outcomes.

**Major Concepts**

Reed's (1991) theory consists of three foundational concepts: self-transcendence, vulnerability, and well-being. Self-transcendence is the outward expansion of an individual's personal boundaries with respect to others and the environment, which inwardly creates sense of understanding of his or her thinking, values, beliefs, and dreams and results in an assimilation between past, present, and future (McEwen & Wills, 2011). Self-transcendence is a developmental maturity that creates an understanding of the relationship between an individual and the environment during illness, which increases a person's self-awareness or vulnerability (Smith & Liehr, 2008). Transcendence activities

develop along with maturation and the ability to comprehend stressful situations outside of the self-boundaries. Vulnerability is the state in which a person's own morality becomes evident and increases his or her desire to grow developmentally. Vulnerability in relation to mortality may trigger self-transcendence qualities that encourage personal fulfillment and healing (Smith & Liehr, 2008). Well-being is considered to be a person's insight of being healthy and unbroken. Self-transcendence activities help a person to fully achieve health and well-being.

**Relational Proposition**

Several relational propositions exist within the theory of self-transcendence. There is a sensitive point of self-transcendence in a person who encounters a state of defenselessness or helplessness and is vulnerable or aware of his or her own mortality. This relationship changes across an individual's lifespan after adolescence as deeper maturational development occurs. Smith and Liehr (2008) stated that varying degrees of vulnerability are "nonlinear" in meaning; there is no increase or decrease of self-transference as a person matures; however, there is an opposite relationship between self-transcendence and depression (McEwen & Wills, 2011). This supports the link between the prevention of depression and increase of a person's self-transcendence; through the expansion of personal boundaries, there is a heightened sense of self-transference, which improves an individual's well-being (McEwen &Wills, 2011).

## Summary

Despite the increase in research and awareness of burnout and compassion fatigue over the past 2 decades, the ability to cope or how to cope with high levels of repeated

stressors remains unknown. Reed's theory of self-transcendence has been studied in other care giving settings. Investigating and understanding the possible relationship between compassion fatigue and self-transcendence provides insight toward possible ways to build future interventions and promote coping measures in various nursing settings.

Section 3: Methodology

## Project Design and Methodology

There is limited research related to the relationship between compassion fatigue and self-transcendence. Prior quantitative researchers have focused on nurses' symptomatic response to burnout, vicarious traumatization, and compassion fatigue. A descriptive, correlational design approach was selected for this project to analyze the relationship between compassion fatigue and self-transcendence among inpatient hospice nurses.

## Project Design/Methods

A research design is considered to be the "blueprint for conducting a study by maximizing the control over factors that might influence the validity of the findings" (Burns & Grove, 2009, p. 236). In statistics, descriptive designs offer additional insight into a particular field of study with the purpose being to provide a snapshot of situations as they happen naturally (Burns & Grove, 2009). Descriptive correlational designs are used to describe the correlation among variables within a given sample population. The Statistical Package for the Social Science (SPSS) software was used for this study to conduct a descriptive correlational analysis with regression analysis to provide data regarding the relationships between compassion fatigue and the characteristics of self-transcendence among hospice nurses.

### Populations and Sampling

The population for this study was inpatient hospice unit nurses. A subject sampling from four hospice locations provided a convenience sample of subjects. In

addition, pool nurses who covered these facilities were included to provide additional richness in data collection. Attention was taken to respect the rights of the participants and to maintain anonymity and confidentiality. A voluntary letter of participation was used to explain the project purpose and assure the participants that participation was voluntary and anonymous. In addition, I explained to the participants that by participating there were no foreseeable risks or any other hazards. In research, the use of surveys for data collection provides minimal to no foreseeable risks (Burns & Grove, 2009). During the inquiry of this project, I, as the principal investigator, asserted no relationship or affiliation with the hospice facility except for prior approved doctoral clinical hours.

**Data Collection (Instrument Protection and Human Sampling)**

Approval for this project was obtained through written consent from hospice executive management, nursing management, and legal counsel as no formal internal review board (IRB) existed within this hospice organization. In addition, Walden University's IRB approval was obtained with approval # 10-02-14-0345537. The use of surveys or questionnaires was used as a nonexperimental method of data collection; surveys are used to collect data through self-report (Burns & Grove, 2009). Therefore, obtaining data for research through surveying produces a large amount of data within a short period of time.

The two reliable survey tools used in this project were free for public use; however, additional permission was granted by Dr. Pamela Reed by personal e-mail communication. The first tool was the ProQOL R- scale, which is used to rate

compassion satisfaction and compassion fatigue. The second tool used was Reed's STS, which is used to measure a person's self-transcendence activities. Conducting accurate and orderly data collection that is pertinent to the research question itself is critical in interpreting research questions (Burns & Grove, 2009).

Planning for the consistency of data collection increases the accuracy and validity of research findings and provides for instrument protection. Administration of surveys and the collection of data took place at four different hospice locations in South Florida by the principal investigator to maintain interrater reliability. I was not employed by the organization and had no association with the facility with the exception of practicum clinical hours. Events during the time frame of data collection were taken into consideration, such as increased workload and staffing shortages. The data were secured in survey boxes in each location's staff break room to maintain anonymity and confidentiality. Additional measures to secure collected data took place by using my private, personal computer with double password protection to analyze data.

**Data Analysis**

Stamm (2009) considered the professional quality of life as the way in which an individual feels in relation to his or her work as a helper. The ProQoL (Professional Quality of Life Elements Theory and Measurement, 2013; Stamm, 2009) was used to collect data on compassion fatigue, burnout, and job satisfaction. ProQOL R-V is a 30-question instrument, which includes a 6-point Likert scale (0=*never*, 5= *very often*). Three subscale scores included compassion fatigue, burnout, and job satisfaction. The instrument has been tested with reliability α compassion satisfaction = .87, burnout = .72,

and compassion fatigue =.80). In addition, Reed's STS is a 15-question survey, which is used to measure self-transcendence. The STS is one-dimensional designed to measure sincerity, new perspectives, limitations, and a concern for the well-being of others. Survey responses were rated on a 4-point Likert scale ranging from 1= *never* to 4= *very much*. The higher the score, the higher the self-transcendence. Construct validity and reliability, as reported by Reed using Cronbach α, ranged from .80 to .93.

The STS is a 15-item, one-dimensional tool that is used to measure self-transcendence and the reflection of a person's personal boundaries through identifying intrapersonal, interpersonal, and transpersonal experiences. Responses were analyzed based upon a 4-point scale ranging from 1 or *not at all* to 4 for *very much*. Possible scores range from 15 to 16, whereby the higher score relates to an increase or higher level of self-transcendence. The instrument has been used in several populations across various ethnicities and across adulthood, especially in older adults (Reed, 1991). The STS has demonstrated an acceptable construct of validity and reliability as estimated by Cronbach's alpha ranges from .80 to .88 (Coward, 1990).

A descriptive, correlational research design was used to examine the linear relationship between compassion fatigue and self-transcendence. This type of research design facilitates the interrelationship between these two variables. Pearson's correlational analysis was used to further determine the significance of the data among the variables of compassion fatigue and self-transcendence. In analyzing the data, the use of these survey tools and the analysis of the data required consideration of each research

question to ensure that the data collected and the statistical analysis were appropriate in answering the research questions.

**Project Evaluation Plan**

Synthesizing research evidence provides an appraisal of the data collected and overview of the results obtained. A systematic review was necessary, along with the guidance of committee members, to critique the overall project. This in-depth analysis required looking at each research question and literature review and appraising the statistical methodology used in developing a final overall review of the project for suggestions in addressing compassion fatigue. A review of the project objectives was necessary in order to understand the relationship between compassion fatigue and self-transcendence and to gain additional insight for interventions and prevention strategies. Finally, interpretation of the results required consideration of the validity and reliability of the results obtained. Strategies to reduce and limit threats to validity and reliability included using the survey tools without alteration and maintaining confidentiality. This included examining and analyzing the logical links of this project. These specific links included the project purpose, the problem statement, the project objectives, identified and potential variables, the design and framework, population and sample, methods of measurement, and the type methodological analysis (Burns & Grove, 2009).

## Summary

Hospice nurses provide complex care for critically ill and terminally ill patients. This day-in and day-out repeated exposure to traumatic experiences places them at a higher risk for compassion fatigue and weakened coping skills. Prolonged stress in the

workplace environment leads to burnout, whereas nurses who are idealistic and highly motivated empathetic caregivers are at risk for compassion fatigue. In particular, hospice nurses are at an increased risk of compassion fatigue due to experiencing repeated losses over a short period of time. Self-transcendence as a coping measure increases a person's ability to accept the challenges and stressors, which may lead to compassion fatigue. The purpose of this project was to gain additional insight regarding compassion fatigue and the development of self-transcendence among inpatient hospice nurses to understand similar characteristics of self-transcendence in developing coping strategies. Despite the increasing awareness of compassion fatigue over the past 25 years, individual factors such a person's own resiliency and organizational influences (increasing workload/staffing shortages) provide a link between job-related burnout and compassion fatigue. As health care continues to be transformed in the 21st century, this practice concern will continue to grow if not addressed. Therefore, interventions and ways to prevent compassion fatigue are a critical element of for the overall future of nursing.

## Section 4: Findings, Discussion, and Implications

I used quantitative data analysis to identify three key subscales and distinct constructs: positive affect, compassion satisfaction, and fatigue (intrusion), which influences compassion fatigue and compassion satisfaction. Additionally, an inverse relationship between a person's affect and fatigue provides insight into the affective component of compassion satisfaction and is a key variable in understanding of how inpatient hospice nurses cope with fatigue. In the results of the study, I quantify an underlying assumption of the correlation between compassion fatigue and self-transcendence.

### Summary of the Findings

A total of 42 in-patient hospice nurses responded to the survey questionnaire. Identifiable descriptive markers were eliminated from the survey questionnaire at the request of the organization to encourage participation given the small number of staff. This was a project limitation. Facility A, the largest and busiest facility of all four locations, produced a moderate amount of survey responses (Table 1). This may be related to recent staff changes. The inclusion criteria for participation in this project included inpatient and PRN or as-needed hospice pool nurses employed by the organization.

Table 1

*Facility Survey Frequency Distribution*

| | Frequency | Percent | Valid Percent |
|---|---|---|---|
| Facility A | 10 | 23.8 | 23.8 |
| Facility B | 6 | 14.3 | 14.3 |
| Facility C | 14 | 33.3 | 33.3 |
| Facility D | 12 | 28.6 | 28.6 |
| Total | 42 | 100.0 | 100.0 |

**Analysis of the Self-Transcendence Scale**

The STS (Appendix A) is a uni-dimensional scale comprised of 15 items, which is used to measure a person's experiences, meanings, and receptiveness to new point of views, extended limitations, and welfare of others. All items were positively keyed with respect to the construct. Therefore, the STS score was computed from the mean of the responses of each of the 15 items. Missing values were imputed with a mean substitution (average) for each series of missing value, which is a capability built in SPSS. The computation of self-transcendence STS=MEAN (STS_1R to STS_15_r) Cronbach Alpha =.87.

**Analysis of the Compassion Satisfaction and Fatigue Scale**

Unlike the STS, the ProQol (Appendix B) is used to measure more than a single distinct construct. Three key subscales and distinct constructs were identified based on the face validity of the items: positive affect, compassion satisfaction, and fatigue (intrusion).

**Positive affect (CFS_AFFECT).** A positive affect typically refers to an individual's experience, feeling, or emotion, which is displayed by facial, vocal, or gestural behaviors (American Psychological Association [APA], 2006, p. 26). Items on this scale concern happiness and the connectedness to others. Being easily distressed is negatively coded and included in this scale.

**Compassion satisfaction (CFS_ENJOYMENT_FROM_HELPING).** Compassion satisfaction occurs when a person is able to derive pleasure from his or her work. This includes working with colleagues and contributing in the work setting for the greater good (ProQol, 2014). Items on this scale included those that indicate the enjoyment of helping others. Items that indicated fatigue related to work, feeling "on-edge," fear, or an ability to separate self from the work and were negatively coded and included on this scale.

**Fatigue (CFS_INTRUSION).** Fatigue related to intrusion was considered to be a disruption in the flow of a person's conscious thoughts or events, which interfere with his or her tasks in spite of efforts to try and avoid them (Psychology Dictionary, n.d.). Items on this subscale indicated that respondents were experiencing distress due to their inability to separate their personal life from work, or some sort of personal distress due to their role as a professional caregiver. All items comprising this subscale were positively keyed in the direction of distress; thus, unlike the other scales, higher scores on fatigue or intrusion were indicative of lower levels of adjustment.

### Analysis of Scale Scores

Bivariate correlational analyses were conducted between the ProQol scale and Reed's STS in order to address the posed research questions. In addition, individual items comprising the ProQol scale (compassion satisfaction and fatigue scale) and the STS were conducted in order to guide interpretation.

## Discussion of Findings in the Context of Literature

In the results of this project, I found a positive correlation between compassion satisfaction and self-transcendence among inpatient hospice nurses. Self-transcendence was not significantly associated with fatigue; however, the correlation between self-transcendence and positive affect on the ProQol scale were greater, supporting the association between positive affect and self-transcendence.

### Research Question 1

Self -transcendence was positively associated with compassion satisfaction among inpatient hospice nurses (Table 2). The correlation -.474 and the significance level was .002, noting a significant correlation between fatigue (intrusion) and self-transcendence. The level of significance was .069, which is greater than .05. Although self-transcendence was not significantly associated with fatigue (intrusion), according to study results produced by the ProQol scale, respondents were experiencing distress due to their inability to separate their personal life from work on the self-transcendence scale, which was -.283. The correlation between ProQol affect and self-transcendence was .763 and was statistically significant; 763 squared is approximately .582, which is greater than .5 or 50% of the variance.

The relationship between self-transcendence and positive affect, as measured by the ProQol scale, was greater-over half of the variance in affect could be explained by self-transcendence. The relationship between compassion and positive affect was similar to that between a person's positive affect and self-transcendence (Table 3). The ProQol scale correlation between enjoyment from helping and compassion satisfaction affect was .487 and statically significant, less than or equal to .05. While inverse, the relationship between affect and fatigue was of similar magnitude. The affective component of compassion satisfaction may be a key variable in understanding how hospice nurses cope with fatigue. The positive affect and mood are components related to the measurement of compassion fatigue. This positive affect helps to keep fatigue and intrusive thoughts at bay. Therefore, the positive affective components of self-transcendence may be the key components to its influence on compassion satisfaction and the prevention of compassion fatigue.

Table 2

*Self-Transcendence and Compassion Satisfaction*

| Correlations | | |
|---|---|---|
| | | STS |
| CFS_AFFECT | Pearson Correlation | .763** |
| | Sig. (2-tailed) | .000 |
| | *N* | 42 |
| CFS_ENJOYMENT_FROM_HELPING | Pearson Correlation | .474** |
| (compassion satisfaction) | Sig. (2-tailed) | .002 |
| | *N* | 42 |
| CFS_INTRUSION | Pearson Correlation | -.283 |
| (fatigue) | Sig. (2-tailed) | .069 |
| | *N* | 42 |

*Note.* Correlation is significant at the 0.01 level (2-tailed).
Correlation is significant at the 0.05 level (2-tailed).

Table 3

*Self-Transcendence and Affect*

| **Correlations** | | |
|---|---|---|
| | | CFS_AFFECT |
| CFS_ENJOYMENT_FROM_HELPING | Pearson Correlation | **.487**** |
| | Sig. (2-tailed) | **.001** |
| | *N* | **42** |
| CFS_INTRUSION | Pearson Correlation | **-.418**** |
| (fatigue) | Sig. (2-tailed) | **.006** |
| | *N* | **42** |

*Note*. Correlation is significant at the 0.01 level (2-tailed).

**Research Question 2**

Self-transcendence is related to positive affect. Nurses who have a positive affect are those who have a higher level of self-transcendence and are those nurses who believe they are effective caregivers. Conversely, there is no relationship between self-transcendence and negative affectivity such as anxiety, fear, or anger. Based on the lack of correlation, it may be inferred that a negative affect does not impact self-transcendence. However, just as correlation does not necessarily imply causation, a lack of correlation does not necessarily imply a lack of correlation. For this reason, future research focusing on certain aspects of negative affectivity such as anxiety, anger, avoidance, and fear are needed to determine if a relationship exists between negativity and self-transcendence to address coping strategies.

**Research Question 3**

Hospice nurses who have a higher level of transcendence are those that have a sense of agency or subjective self-control of their actions. They convince themselves that they are happy, they feel connected to others, and are genuinely invigorated by their work. They are confident and they believe in themselves.

Self-transcendence similarities between each the four facilities provided insight of the common characteristics among inpatient hospice nurses (Figure 1). Four common characteristics above the 75% were shared among the nurses at each of the facilities. Three of the facilities shared common themes of self-transcendence, which included accepting death as a part of life (STS_11) and finding meaning in my spiritual beliefs (STS_12). In addition, two of the facilities shared two other common themes of self-

transcendence: finding meaning in my past experiences (STS _ 7) and helping others in some way (STS_8). Similar characteristics of self-transcendence among inpatient hospice nurses included embracing spirituality and compassion, which is consistent with Kehoe's (2006) metasynthesis of the embodiment of hospice nurses. Future strategies in program planning aimed at enhancing team work in helping others and promoting self-care are needed.

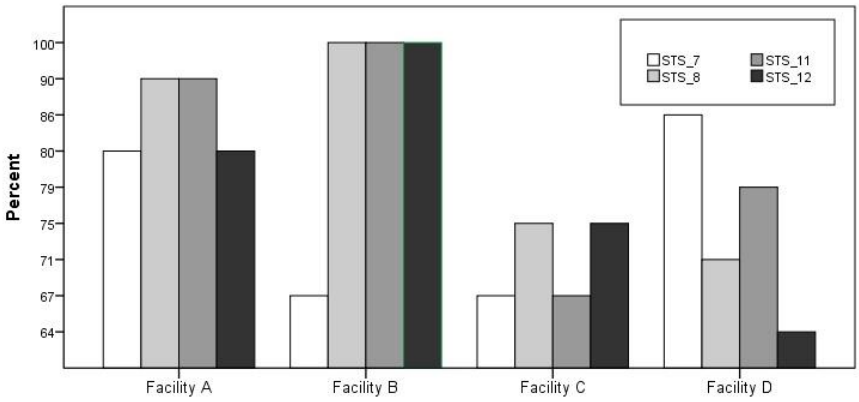


Figure 1. *Common characteristics of self-transcendence*

Death and life are two undividable entities in that death is the end result of human life. Each individual, including nurses, deals or copes with death is differently. Acceptance of death depends on many different influencing factors such as a person's spiritual connection or beliefs, social support system, and an individual's perception and acceptance of terminal illnesses (Manghrani & Kapadia, 2006). Inpatient hospice nurses accept death as a part of life and have some type of spiritual belief system. Other areas of

high self-transcendence among inpatient hospice nurses include helping others and finding meaning in past experiences (Figure 1).

## Implications

The implications of addressing compassion fatigue in health care are evident. Watson (2013) described nursing as the art of caring, and it is distinguished from other human service disciplines in two ways (Ayock & Boyle, 2009). First, there is a lack of global recognition and organized support for the frequent negative consequences and emotional trauma and sadness nurses experience in their work. Second, nurses in specialty areas such as hospice tend to isolate themselves and lose sight of empathetic caring (Hooper et al., 2010). Finally, providing care to terminally patients is relentless and exhausting. Hospice nurses are subject to intense day-in and day-out stressors in caring for critically ill and dying patients and their families. The challenges faced by the nursing profession have resulted in the increase of compassion fatigue. Nurses who continue to work with compassion fatigue work in what is considered to be an unhealthy and "toxic state," which leads to an increase in sick days and disruption of work, home, and personal relationships. The costs of lower work productivity and an increase in nurse turnover result in organizational strain and an increased risk of poor patient care outcomes. These challenges continue to burden nurses in all aspects of health care. Therefore, by understanding the implications of compassion fatigue, the future of nursing can be improved.

**Policy**

In this project, I found a positive correlation between self-transcendence and compassion satisfaction among inpatient hospice nurses. In particular, the relationship between positive affect, as measured by the compassion fatigue scale, was greater with over half of the variance of affect being related to self-transcendence. A possible implication for these findings pertains to funding policy to ensure the development of specific standards of care. In addition, the integration of continuing education by regulatory agencies as professional development could be implemented to educate nurses and other health care workers on the effects of compassion fatigue. Moreover, policies regarding staffing models, time off, and work-life balance are positive considerations which influence a person's affect.

**Practice**

The findings of this project create awareness for all caring-giving professions to identify and address compassion fatigue and methods to increase an individual's self-transcendence. Empathy and emotional energy are underlying forces that drive the spiraling effects of compassion fatigue (Figley, 1995). Implications for practice include the development of training and educational programs to minimize compassion fatigue and promote compassion satisfaction. Suggestions include educational awareness and education trainings for nursing students, nurses, and other service-oriented professionals such as counselors and social workers who are at an increased risk for developing compassion fatigue. The focus on this educational awareness is to identify the existence of this professional practice concern. More specifically, the increase in knowledge and

education regarding compassion fatigue and identifying a person's self-transcendence strategies are critical concerns for the future practice of the nursing profession. Compassion fatigue jeopardizes the empirical foundation of nursing as the art of caring. This loss of empathetic care-giving or soft skills of nursing creates a fragile nursing workforce as the demands of nursing continue to change. Other suggestions include encouraging organizations and health care institutions to address ways in which employee assistance programs, counseling, education, and other self-care practices can decrease the potential risks of this practice problem. Creating a professional awareness regarding the consequences of compassion fatigue empowers nurses, and other care-giving professions, to identify and prevent the development of this practice concern. Intervention strategies that build on self-transcendence support institutions in the retention of nurses and positive patient care outcomes.

**Research**

There is an increase in emotional and psychological burdens for those who work with patients who are critically ill, suffering pain, or at end-of-life. Within the last decade, compassion fatigue has gained attention in the attempt to address health care challenges with increases in patient ratios, organizational demands, and concerns, which decrease quality time at the bedside. As these challenges continue to place strain on hospice and other nursing specialties, additional research for prevention strategies and education methods to increase a person's self-transcendence are needed.

The research process of this project was a learning experience for me regarding the integrity of data collection and the importance of an IRB in the protection of subjects.

The use of survey tools provided real-world observations to be used as supportive data. Moreover, an appreciation regarding the importance of data and its statistical analysis to understand the possible correlation of these concepts are needed in building evidence-based data toward the development of prevention strategies and interventions.

### Social Change

Compassion fatigue has been researched in several areas of health care. Compassion fatigue affects a person physically, emotionally, and spiritually and is often associated with providing empathetic care-giving (Figley, 1995). The social change implication for addressing compassion fatigue extends along the health care continuum and influences other care-giving professionals. Understanding the relationship among these two constructs provides evidence to support the development of interventions and prevention programs which would foster an individual's self-transcendence. By identifying methods to decrease compassion fatigue, it is plausible to consider improvement in nursing productivity, retention, and job satisfaction. Addressing compassion fatigue will improve the quality of care and patient outcomes. Therefore, by addressing this increasing practice concern, it is hoped that the soft-skills of nursing will remain intact as a foundation in the provision of nursing care.

## Project Strengths and Limitations

### Strengths

Descriptive statistics allow for the analysis of facts and differences between certain groups or variables. The statistical analysis in this project, using a Pearson correlation, was a strength of this project; I captured concrete data to analyze the

relationship between compassion fatigue and self-transcendence. The collection of data among inpatient hospice nurses provided a snapshot of this at-risk specialty area. In addition, the ability to focus on four inpatient hospice facilities provided depth to the inquiry of self-transcendence in this specialty area of nursing. No researcher bias was evident in this project.

### Limitations

The limitations of this project included a small convenient sample size of hospice nurses. Certainly, replicating this inquiry with a larger sample size of hospice and palliative care nurses is suggested to ensure generalizability. In addition, the lack of demographic data at the institutions' request to maintain confidentiality was honored; however, including this in future studies would increase the strength in this project.

### Recommendations for Remediation of Limitations in Future Work

Future correlational work is recommended to expand the link between compassion fatigue and self-transcendence. Research in certain aspects of negativity and the influence of a lower self-transcendence is needed for further depth and understanding of these concepts. Finally, collaborative organizational efforts to minimize compassion fatigue among all areas of nursing is essential in creating awareness and building resiliency.

## Analysis of Self

### Scholar

Scholarship within the application of clinical nursing in the traditional sense does not lend to the academic "nuances and rigor" (Zaccagnini & White, 2011). The

American Association of Colleges of Nursing (AACN, 2006), comprised of Boyer's (1990) model of clinical scholarship, supported both scholarship and research at the core of the doctoral nursing practice education. Boyer embraced discovery through the building of new knowledge, the application of new knowledge for growth, the teaching and developing of new material for advanced learning, and engaging the environment for learning between the student and teacher (as cited in Zaccagini & White, 2011).

The attributes of a scholar include a person who immerses him or herself in knowledge and who is who is passionate about his or her vocation. Scholarship includes being inquisitive and having the ability to articulate an individual's work with authority. In this scholarly project, I experienced an increase of knowledge and leadership skills. The expansion of these has increased my appreciation of the importance of doctoral scholarship in establishing evidence-based practice. This project imparts an awareness of the relationship between compassion fatigue and the phenomenon of self-transcendence. During this project, I developed an appreciation of the work done by inpatient hospice nurses. In the effort to research and understand the phenomenon of self-transcendence, capturing and attempting to understand this ability to cope and continue to provide compassionate care was an inspiration for scholarly growth during this project.

**Practitioner**

The focus of this terminal degree and project has provided me with an increase in confidence and leadership skills. This has generated a sense of authority to be able to apply, translate, and evaluate research as well as sharpen my critical thinking and decision-making skills to implement viable clinical change into practice. Moreover, the

synthesizing and completion of this project have provided me with insight as a nursing leader and as an advanced practitioner to interpret the next steps of this project into an education effort toward clinical practice change.

### Project Developer

Providing empathetic care to terminally ill patients calls for a deep commitment. Inpatient hospice nurses play a role in maintaining the psychological, physiological, and spiritual domain of ill individuals and their families. The development of this project stemmed from wanting to understand how inpatient hospice nurse continue to provide empathetic care-giving day-in and day-out. As an unbiased principal investigator with no prior knowledge about hospice nursing, the development of this project has left me with an understanding and deep appreciation for inpatient hospice nursing. Furthermore, this inquiry has created a sense of passion to further develop this project to the next phase.

### Future Professional Development

The development of this project provided insight for the future of inpatient hospice nurses and for the well-being of the professional practice of nursing. In addition, this project provided an understanding of the relationship between compassion fatigue and self-transcendence as an appreciation for health care organizations to address the need to foster self-transcendence in other areas of clinical practice to prevent the loss of compassionate care and to promote the retention of nurses in the profession.

## Summary and Conclusions

Compassion fatigue is considered to be a nursing and care-giving occupational hazard and is a result of the "cost of caring" (Figley, 1982). The effects of compassion

fatigue affect the core foundation of caring as the heart of nursing with the risk of disengagement within the empathetic nurse-patient relationship. Health care changes and increased demands in the 21st century place continual stress and burden on the nursing workforce, which further compound the risks of developing compassion fatigue. Caring for terminally ill patients creates stressors for hospice nurses, which leads to work-related stress, role dissatisfaction, burnout, emotional exhaustion, and other health-related complaints (Najjar et al., 2009). Failing to address this practice issue will increase vulnerability among all nursing areas. More importantly, the consequences will continue to escalate such as burnout, emotional distress, poor nursing judgment, decreases in patient care outcomes, as well as an increase in the disengagement with patients leaving the nursing workforce fragile into the foreseeable future.

Self-transcendence has emerged as a quantifiable personal construct in understanding a person's coping abilities. Reeds theory of self-transcendence has three concepts, which are self-transcendence, vulnerability, and well-being. According to the theory, self-transcendence is positively associated to vulnerability and well-being (Palmer et al., 2010). Therefore, an increase in a person's vulnerability leads to an increase in self-transcendence or ability to cope. This project provided additional insight on the common affective components of how inpatient hospice nurses cope with compassion fatigue. The knowledge gained from this project builds support for further researchers to explore areas of self-transcendence, which assist in prevention compassion fatigue and the subsequent loss of compassionate care as health care challenges continue to change the future of nursing.

Section 5: Scholarly Product

## Executive Summary

Health care complexities have become exceedingly difficult, thus limiting the understanding of nursing care and jeopardizing the foundation or "soft skills" of caring as the art of nursing. The phenomenon of compassion fatigue requires considerable attention as these challenges present an increasing clinical awareness of compassion fatigue among nurses. Compassion fatigue has been referred to as the "cost of caring" (Figley, 1995). Although the empathetic work of hospice nursing in the care of terminally ill patients is considered to be primarily stressful (Poetter et al., 2010), hospice nurses have a sense of calling in the provision of compassionate care (Abendroth & Flannery, 2012). As a coping strategy, self-transcendence provides an awareness of a person's self that develops as a maturational and rational viewpoint of self-acceptance (Reed, 2009). Reed's (2003) middle range nursing theory of self-transcendence describes an individual's expansion of self through personal acceptance and reaching out to others with a higher sense of openness and understanding of the past, present, and future. Payne (2001) and Wright (2001) have explored characteristics of hospice nurses, which include a higher sense of structured defense mechanisms in the delivery of compassionate care. The purpose of this project is to understand the relationship between compassion fatigue and self-transcendence.

## Definition of the Problem

The shortage of hospice nurses has been a challenge over the past decade (Latoya & Harris, 2013). Caring for terminally ill patients creates significant stressors for hospice

nurses, which leads to work-related stress, role dissatisfaction, burnout, emotional exhaustion, and other health-related complaints (Najjar, Davis, Beck-Coon, & Doebbinling, 2009). Failing to address this growing concern will increase the vulnerability among all inpatient Hospice nurses and other nursing areas. The increasing demands and complexities of health care place additional clinical demands on nurses who attempt to address the physical, psychosocial, and spiritual domains of their patients and their families (Harris, 2013; Sabo, 2008). Multiple responsibilities in caring for end-of-life patients and orchestrating a plan of care with limited resources and increases in nurse-patient demands presents challenges in the provision of care. These consequences will continue to escalate such as burnout, emotional distress, poor nursing judgment, decreases in patient care outcomes, as well as an increase in nursing hospice nursing turnover and the disengagement with patients leaving the nursing workforce fragile into the 21st century.

## Program Objectives

The purpose of this project is to determine what relationships exist among hospice nurses who have developed a higher level of self-transcendence in order to identify strategies and interventions to address this practice issue which will in turn improve workplace satisfaction and patient care outcomes. Objectives of this project are two-fold: to gain an understanding of the relationship between compassion fatigue and self-transcendence; and to provide insight regarding the interventions related to the prevention of compassion fatigue from those nurses who experience a higher level of self-transcendence.

**Design Description**

A descriptive correlational analysis was conducted using a convenience subject sampling of 42 inpatient hospice nurses from four hospice locations. In addition, pool nurses who cover these facilities were included to provide additional richness in data collection. Approval for this project was obtained through written consent from hospice executive management and Walden University. The two reliable survey tools were used in this project and are free for public use. The Professional Quality of Life (ProQOL) R-scale which rates compassion satisfaction and compassion fatigue. The second tool used is Reeds Self Transcendence Scale (STS), which measures a person's self-transcendence activities.

**Evaluation**

Three distinct constructs were identified based on the face validity of the items: positive afffect, compassion satisfaction, and intrusiveness. A correlational analysis was conducted between the ProQol scale and Reed's STS in order to address the posed research questions. The relationships between self-transcendence and individual items comprising the ProQol scale were also conducted in order to guide interpretation. The results of this project demonstrate a positive correlation between compassion satisfaction among inpatient hospice nurses.

Although self-transcendence was not significantly associated with fatigue—the correlation between self-transcendence and positive effect on the compassion fatigue scale was greater supporting the association between affect and self-transcendence. Therefore inpatient hospice nurses are at risk for compassion fatigue based upon their

affect. Self -transcendence was positively associated with compassion satisfaction among inpatient hospice nurses and the relationship between self-transcendence and positive affect was greater. The positive affect and mood are an important component related to the measurement of compassion fatigue. This positive affect serves to keep intrusive thoughts at bay. The relationship between compassion and positive affect is similar to that between affect and self-transcendence. While inverse, the relationship between affect and fatigue are of similar magnitude. This suggests that the affective component compassion satisfaction and fatigue may be the key variable in understanding how hospice nurses cope with fatigue. Therefore, it is possible that the positive affective components of self-transcendence may be the key components to its influence on compassion satisfaction and fatigue.

Similar self-transcendence characteristics were analyzed among the four locations. Four common areas above the 75% include: STS_7 finding meaning in past experiences; STS_ 8 helping others in some way; STS_ 11 accepting death as part of life; and STS_ 12 finding meaning in their spiritual beliefs. It is evident that inpatient hospice nurses accept death as a part of life and have some type of spiritual belief system. Other areas of high self-transcendence among inpatient hospice nurses include helping others and finding meaning in past experiences. These common areas are significant in the development of intervention and prevention strategies.

## Implications

Health care in is considered to be stressful (Kehoe, 2006) and all caregivers are at risk for developing compassion fatigue. Coping theories have explored the relationship

between one's coping responses and the ability to adapt to stress. Likewise, specific factors such as a person's coping abilities have been well established in the prevention of compassion fatigue. However, in the prevention of compassion fatigue, minimal research has been conducted regarding the resiliency of inpatient hospice nurses and the prevention compassion fatigue. Certainly, understanding the relationship and characteristics of self-transcendence as a coping measure provides evidence in building strategies toward prevention which will benefit all aspects of nursing. Additional research is suggested to be conducted in the area of compassion fatigue and the development of innate coping measures such as self-transcendence. Some key areas to focus on include fostering team-work and promoting one's well-being and self-care strategies. More importantly, there is a sense of urgency as the future role of nursing continues to be challenged at the risk of losing nursing's core foundation of compassionate care and the "soft skills" of nursing are in jeopardy. For these reasons, additional knowledge and understanding of the significance of compassion fatigue and how it relates to the nursing profession and health care organizations strengthens the need for identifying prevention measures. Therefore, addressing compassion fatigue and ways to promote self-transcendence are aimed toward promoting nurses' self-care.

## Future Research

Nurses in general are considered to be highly motivated and idealistic. Larson (1993) described nurses who are not effective in changing environments as those empathetic caregivers whose light begins to burn out early in their career. An additional understanding the relationship between compassion fatigue and self-transcendence

provides empowerment among the nursing profession and other health care entities to establish prevention and intervention measures that promote self-care, create positive patient care outcomes, and enhance the function and productivity of nursing's future. . Further research related to compassion fatigue is vital in closing this gap for the future of nursing retention, patient and nursing satisfaction, and patient care outcomes.

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Appendix A: Self-Transcendence Scale



**Directions**: Please indicate the extent to which each item below describes you. There are no answers. I am interested in your frank opinion. As you respond to each item, think of how you see yourself **at this time in your life**. Circle the number that best response for you.

| **At this time in my life I see myself as:** | **Not at all** | **Very little** | **Some what** | **Very much** |
|---|---|---|---|---|
| 1. Having hobbies or interests I can enjoy. | 1 | 2 | 3 | 4 |
| 2. Accepting myself as I grow older | 1 | 2 | 3 | 4 |
| 3. Being involved with other people or my community when possible. | 1 | 2 | 3 | 4 |
| 4. Adjusting well to my present lifestyle. | 1 | 2 | 3 | 4 |
| 5. Adjusting to changes in my physical abilities. | 1 | 2 | 3 | 4 |
| 6. Sharing my wisdom or experience with others. | 1 | 2 | 3 | 4 |
| 7. Finding meaning in my past experiences. | 1 | 2 | 3 | 4 |
| 8. Helping others in some way. | 1 | 2 | 3 | 4 |
| 9. Having an ongoing interest in | 1 | 2 | 3 | 4 |

| | | | | |
|---|---|---|---|---|
| learning. | | | | |
| 10. Able to move beyond some things that once seemed so important. | 1 | 2 | 3 | 4 |
| 11. Accepting death as a part of life. | 1 | 2 | 3 | 4 |
| 12. Finding meaning in my spiritual life. | 1 | 2 | 3 | 4 |
| 13. Letting others help me when I may need it. | 1 | 2 | 3 | 4 |
| 14. Enjoying my pace of life. | 1 | 2 | 3 | 4 |
| 15. Letting go of my past regrets. | 1 | 2 | 3 | 4 |

Thank you very much for completing these statements. On the back of this sheet write down any comments that may help us understand your views.

Appendix B. Professional Quality of Life Scale (ProQOL)

Compassion Satisfaction and Compassion fatigue (ProQOL) Version 2009

When you help [help] people you have direct contact with their lives. As you may have found, your compassion for those you [help] can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a [helper]. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the last 30 days.

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

_____ 1. I am happy.

_____ 2. I am preoccupied with more than one person [help].

_____ 3. I get satisfaction from being able to [help] people.

_____ 4. I feel connected to others.

_____ 5. I jump or am startled by unexpected sounds.

_____ 6. I feel invigorated after working with those I [help].

_____ 7. I find it difficult to separate my personal life from my life as a [helper].

_____ 8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I [help].

_____ 9. I think I might have been affected by traumatic stress of those I [help].

_____ 10. I feel trapped by my job as a [helper].

_____ 11. Because of my [helping], I have felt "on edge" about various things.

_____ 12. I like my work as a [helper].

_____ 13. I feel depressed because of the traumatic experiences of the people I [help].

_____ 14. I feel as though I am experiencing the trauma of someone I have [helped].

_____ 15. I have beliefs that sustain me.

_____ 16. I am pleased with how I am able to keep up with [helping] techniques and protocols.

_____ 17. I am the person I always wanted to be.

_____18. My work makes me feel satisfied.

_____ 19. I feel worn out because of my work as a [helper].

_____ 20. I have happy thoughts and feelings about those I [help] and how I could help them.

_____ 21. I feel overwhelmed because my case [work] load seems endless.

_____22. I believe I can make a difference through my work.

_____ 23. I avoid certain activities or situations because they remind me of frightening experiences of the people I [help].

_____ 24. I am proud of what I can do to [help].

_____ 25. As a result of my [helping], I have intrusive, frightening thoughts.

_____ 26. I feel "bogged down" by the system.

_____ 27. I have thoughts that I am a "success" as a [helper].

_____ 28. I can't recall important parts of my work with trauma victims.

_____ 29. I am a very caring person.

_____ 30. I am happy that I chose to do this work.

Curriculum Vitae

**Donna M. Johnson, MSN, RN, NCSN**

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## Objective / Summary

Doctoral of Nursing Practice student with 15+ years of varied health care experience seeking an opportunity to lead nursing and health care into the 21st Century through evidence-based practice and advance practice knowledge.

## Professional Profile-Licensed Registered Nurse

- Energetic, highly motivated, and dedicated Licensed Registered Nurse with comprehensive knowledge of nursing principles, well-developed analytical, management, and clinical-decision making skills.

- Dependable and organized, with excellent attention to detail and follow-through.

- Personable, with strong interpersonal skills with a proven ability to work effectively with people of various ages, cultural backgrounds, and socio-economic statuses.

- Works effectively as a team member and individually; Long-time interest in health and nursing education.

## Education / Honors

Education

- Doctorate of Nursing Practice, Walden University, November 2014
- Masters of Science in Nursing, University of Phoenix Tampa Campus, 2007
- Bachelor of Science in Nursing, University of Phoenix Tampa Campus, 2000
- Associate of Science Degree, St. Leo College, 1998
- Registered Professional Nurse, St. Vincent's Hospital School of Nursing, 1985

Honors

- Sigma Theta Tau International Honor Society of Nursing 2001-present
- International Golden Key Honor Society, 2013 to present

## Licensure / Certifications

Professional Licensure

- Registered Nurse Licensure State of Florida # RN 1768532 expires 4/30/2016
- Registered Nurse Licensure State of Arizona # RN 162995 expires 4/30/2016

Certification

- National Association of School Nursing (NCSN) 2001 to 2016
- American Heart Association Basic Cardiac Life Support expires 6/2016

**Professional Experience**

Rasmussen College of Nursing Fort Myers, Florida

*Associate Instructor* June 2012 to present

- Nursing instructor for Associate Degree Registered Nurse (ADN) and Licensed Practical Nursing (LPN) Programs.
- Instruction and didactic learning in the Fundamentals of Nursing, Adult Health, Obstetrics, Pediatrics, and Nutrition
- Responsible for weekly clinical coordination serving as an educator and mentor in the clinical setting for Adult Health, Nutrition, Obstetrics, and Pediatrics.
- Encouraged critical-thinking and team building in the clinical setting across the life-span.
- Facilitated Nursing Assessment (ATI) assessment testing.
- Coordinated and facilitated moderate fidelity simulation and critical thinking in the content areas of Fundamentals, Obstetrics, and Pediatrics.
- Applied principals of health promotion and prevention, awareness of social determinants of health in the planning and assessment of diverse families.
- Expertise in incorporating classroom theory and extensive knowledge base into the clinical setting.

District School Board of Pasco County Land O' Lakes, Florida

*Senior Staff Nurse / Health Educator* October 1994 to June 2013

- Utilized clinical knowledge and judgment in providing health services, health screenings, and health education to students, families, and staff members.
- Managed and coordinated Licensed Practical Nurses (LPN) s in the education, training, and delegation of medical procedures.
- Coordinated case management and referrals between school, home, and the community.
- Provided expertise and oversight for the provision of school health services and promotion of health services.

- As a community health leader, served as liaison between school personnel, family, community and health care providers to advocate for a healthy school environment.

University of Phoenix World Wide Web Intranet

*Online Instructor* August 2007 to August 2012

- Facilitated on-line classroom instruction and dialog for Community Health nursing at the Master's level Expertise and leader in community and public health nursing
- Responsible for course facilitation and maintaining rigorous substantive dialog for on-line graduate nursing students
- Applied theory, principals, and strategies of population-based health care used to design, implement, an evaluate services to promote, maintain, and restore health in a defined community population
- Evaluated weekly assignments and papers according to American Psychological Association (APA) guidelines

St. Joseph's Hospital Tampa, Florida

*Staff Nurse* 1987-1987

- Provided primary care to a diverse population of critically ill adult cardiac clients at a large academic-affiliated medical center with a focus on cardiac health and diabetes education, prevention, and management.
- Expertise in cardiac rhythm abnormalities and post-operative cardiac catheterization recovery.

Hillsborough Community College, Tampa, Florida

*Clinical Adjunct* June 2007 to August 2012

- Introduced basic foundation of nursing concepts and theory into the skills lab setting through instruction and high fidelity simulation.
- Fostered early critical thinking through application of the nursing process.
- Responsible for weekly clinical coordination serving as an educator and mentor for Associate Degree Nursing (ADN) students.
- Coordinated and facilitated lab instruction in the specialty areas of Obstetrics, Pediatrics, and adult health.
- Facilitated nursing theory and the application of the nursing process for children and childbearing families from conception through adolescence and across the life-span.

South University Tampa, Florida

*Clinical Adjunct* 2009

- Provided Bachelor of Science (BSN) students with the foundation and application of caring for women and neonates including the stages of

pregnancy and child birth with an emphasis on common behaviors, physiology, and potential complications.
- Critically analyzed forces and trends that impact the health and well-being of childbearing families.
- Applied principals of health promotion and prevention, and the awareness of social determinants of health to the planning, assessment, and care of diverse families.
- Expert in incorporating classroom theory and extensive knowledge base into the clinical setting.

Florida Hospital Tampa, Florida

*Community Wellness Educator* 1993-1994

- Managed and coordinated a community health facility providing wellness programs and activities to the community.
- Promoted optimal community health and wellness through referrals and screenings.
- Coordinated guest physician lecture series.
- Conducted research and community analysis to develop programs in line with cost-benefit ratio.
- Expertise in educating community on month series topics such as Diabetes, Hypertension, CPR, and Babysitting courses.

Dun & Bradstreet Plan Services, Inc. Tampa, Florida

*Utilization Review / Case Management* 1987-1991

- Provided analysis of the necessity, appropriateness, and efficiency of procedures, facilities, and practitioners for small business insurance.
- Investigated specific socioeconomic and geographical claims review to determine the appropriateness of admissions, services, and orders provided, as well as client length of stay and discharge practices based on concurrent and retrospective data.
- Proficient computer and communication skills.

Mercy Hospital Rockville Centre, New York

*Staff Nurse* 1985-1986

- Functioned as a staff nurse and relief charge nurse on an eighteen-bed cardiac step-down unit as a large teaching institution.
- Provided individualized primary care for coronary artery bypass graft and cardiac surgical monitoring postoperatively.
- Assisted with staff scheduling and new staff orientation.
- Expertise in cardiac arrhythmias, intervention, and management.

**Skills**

- Excellent verbal and written communication skills.

- Have frequently given presentations to large audiences.
- Strong computer skills and exposure to Microsoft Word, PowerPoint, Prezi, Voicethread. Successful leader, equally effective as member of a team.
- Highly organized able to multi-task and accomplish multiple objectives.
- Professional demeanor and attentive to detail.
- Effective manager, driven to provide excellence, and able to assess complex situations and formulate solutions.
- Comfortable and confident public speaker; able to motivate others to action.

**Professional Associations**

- National League of Nursing (NLN)
- National Association of School Nurses (NASN)
- Florida Nurses Association (FNA)
- Florida Association of School Nurses (FASHA)
- Sigma Theta Tau International Honor Society
- Golden Key Honor Society

**Professional Activities**

- National League of Nursing (NLN) Outcomes Committee Chair, 2012-present
- Student Nurses Association Faculty Advisor, 2012-2014
- School Nurse / Diabetes Educator Mentorship Program, 2007 - present
- Electronic Conversion of School Nurse Manual and Policies, 2007
- Nursing Care Plan Committee, 2009 - 2012
- Department Chair, 2003-2005
- School Nurse Leadership Committee, 2000-2012
- Exceptional Student Education Nurse Manual Revision, 2005
- Health Assistant & Licensed Practical Nurse Interview Committee/Questions, 2004
- Food Allergy Protocol and Policies Committee, 2004
- Policies and Procedures Manual Committee, 2004

**Volunteer Activities**

- Assistant Leader of Troop #321, Girl Scouts of America, Land O' Lakes Florida
- Boy Scouts of America Troop #3 Scout Mom & Eagle Adviser, Land O' Lakes Florida
- Our Lady of the Rosary Catholic Church Religious Educator 1997-2000
- Relay for Life Volunteer 2009-present

**Grants / Awards / Achievements**

Recipient, Pasco Education Foundation Grant Award $500 - 2007 & 2012

- Germs Make Me Sick!
- Franny Flossasaurus Flosses!

Master's Project developed electronic conversion of School Health Policies and Procedures for the District School Board of Pasco County bringing school nurses into the forefront of 21st Century technology.

Developed School Nurse/Diabetes Educator community partnership.

Obtained clinical site and working relationship for college of nursing.

**Publications/Presentations**

- Florida Association of School Nurses (2009). Electronic Conversion of School Nurses Policies and Procedure Manual.
- National Association of School Nurses - Poser Presentation. (2006). ConsumerWeb Check list to Evaluate Health Information on the Internet.
- Johnson, D. (2003). Nonprescription contact lenses: a risky business. Journal of School Nursing Newsletter, 18(3), p. 29.