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Baseball and Nursing: How the Game Coaches Us in Spirituality, Self-Care, and Resilience

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Table of Contents

Baseball and Nursing:

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Executive Summary

This continuing education course is a four-part series designed for practicing nurses who work in areas that are considered high risk for compassion fatigue, burnout, and secondary stress syndrome. These areas include, but are not limited to, Emergency Departments, Intensive Care Units, Pediatric Emergency Departments and Intensive Care Units, Oncology, Hospice and Palliative Care. This course will examine how repeated exposure to traumatic events of patients and their families affects the nurses who care for them. The overall goal of this continuing education course is for learners to define their spirituality as the foundation for engaging in self-care strategies that promote resilience when faced with adversity in both their personal and professional lives. Each session focuses on a specific theme related to baseball.

Session 1: "Getting to First Base": Spirituality is the Foundation

This first learning session will focus on how one's spirituality will lead to becoming a more resilient nurse. There needs to be a foundation to build upon in order for a nurse to practice healthy self-care. This foundation is found in the concept of spirituality and related theories, which allows the nurse to get to first base.

Session 2: "A Ground Rule Double": Having the Vision for Resilience

Session 2 addresses the meaning of resilience and what being a resilient nurse looks like. Factors that compromise resilience including burnout, secondary traumatic stress, and compassion fatigue will be defined. Using the exemplar of a baseball player who has the vision to see the ball to hit it and get to second base, a nurse must have the vision to identify factors that promote resilience, including self-care practices.

Session 3: "Sliding Into Third": Engaging in Self-Care

This session focuses on incorporating the concepts of spirituality and spiritual care into our daily nursing practice. Assessing patient spirituality and spiritual practices will be discussed as a strategy that helps the nurse become more self-reflective, which leads to resilience. Sliding into third base, the ballplayer demonstrates resilience by standing up and brushing off the dirt, preparing to head home. Similarly, nurses who engage in self-care practices informed by their spirituality are better able to pick themselves up after being exposed to a traumatic event.

Session 4: "Safe at Home": Putting it All Together

This session focuses on the benefits of incorporating spirituality into self-care for nurses, patients, and the healthcare team. Successful teams use healthy self-care practices that promote resilience. Resilient teams are characterized by low turnover rates, higher job satisfaction, and improved quality of patient care. Putting it all together, resilient nurses draw strength from their spirituality to incorporate healthy self-care practices in their personal and professional lives.

Session 1

"Getting to First Base": Spirituality is the Foundation

Overview

This first learning session will focus on how one's spirituality will lead to becoming a more resilient nurse. There needs to be a foundation to build upon in order for a nurse to practice healthy self-care. This foundation is found in the concept of spirituality. Spirituality is the essence of who people truly are. It is often easy to use spirituality and religion interchangeably; however, these concepts are not the same. Spirituality is defined as:

> The essence of our being. It permeates our living in relationships and infuses our unfolding awareness of who we are, our purpose in being, and our inner resources. Spirituality is active and expressive. It shapes- and is shaped by- our life journey. Spirituality informs the ways we live and experience life, the ways we encounter mystery, and the ways we relate to all aspects of life. Inherent in the human condition, spirituality is expressed and experienced through our connectedness with the Sacred Source, the self, others, and nature. (Dossey & Keegan, 2016, p. 135)

A person's spirituality is unique. Religion, however, is defined as an "organized system of beliefs, regarding the cause, purpose, and nature of the universe that is shared by a group of people, and the practices, behaviors, worship, and ritual associated with that system" (Dossey & Keegan, 2016, p. 135). Religion connects persons through shared beliefs, values, and practices, making clear particular belief systems that are different from other belief systems, thus defining differences between groups of persons (Dossey & Keegan, 2016, p. 135).

Theories about self-care and spirituality are used to provide guidance for the nurse. For example, the Theory of Integral Nursing (Dossey & Keegan, 2016) has three main tenets: (a) to embrace the unitary whole person and the complexity of the nursing profession and health care;

(b) to explore the direct application of an integral process and integral worldview that includes four perspectives of realities: the individual interior and exterior and the collective interior and exterior; and (c) to expand nurses' capacities as 21st century Nightingales, health diplomats, and integral health coaches who coach for integral health- local to global (p. 21). The tenets of this theory are reflective of what the spirituality in self-care and resilience course is teaching to the students.

According to the Theory of Spiritual Care for Nursing Practice (Battey, 2009), "the nursing goal of spiritual care is to provide an environment to support the client's development of resiliency, optimism, helpfulness, and social bonding" (p. 18). Battey identifies the 5 "R's" of spiritual care, including:

1. **Recognizing** spiritual distress and aspects of the client's personal definition of spirituality.

2. **Responding** in a humanizing, compassionate manner.

3. **Recording** according to ethical and legal guidelines and agency policies.

4. **Reporting** on a "need to know" basis to appropriate healthcare providers.

5. **Referring** to an appropriate spiritual advisor, such as a priest, rabbi, imam, or others.

     (p. 18)

Consistent with these two theories of spirituality and spiritual care in nursing, Provision 5.2 in the *Code of Ethics for Nurses* (American Nurses Association [ANA], 2015) states:

> Fatigue and compassion fatigue affect a nurse's professional performance and personal life. To mitigate these effects, nurses should eat a healthy diet, exercise, get sufficient rest, maintain family and personal relationships, engage in adequate leisure and recreational activities and attend to spiritual or religious needs. (ANA, 2015, p. 19)

This provision succinctly states that using self-care strategies, including the use of spirituality, needs to occur to combat compassion fatigue.

While there can be some concern for speaking about spirituality and religion in the workplace, nursing is the one profession that actually supports and requires it. The Joint Commission (2005) requires organizations to include a spiritual assessment as part of the overall assessment of a patient to determine how the patient's spiritual outlook can affect his or her care, treatment, and services.

The game of baseball has many parallels to nursing and self-care. In baseball, the object of the batter is to score a run. In order for this to happen, the batter has to get to first base. The baseball player will not get on first base or be successful in scoring a run without unless a solid foundation to build upon. Nurses need to have a solid foundation "based" upon their own self-awareness and spirituality in order to provide the self-care needed to become resilient caregivers. One's spirituality is the foundation upon which self-care will flourish and lead to becoming a more resilient nurse.

Session 1: Lesson Plan

Course Goal: Learners will identify key elements of self-care and strategies to use for self-care when faced with adversity in both

their personal and professional lives.

Session Goal: Learners will describe the significance of their spirituality as it relates to self-care.

Pre-Class Learning Activities: No pre-class learning activities.

Assignment for Session 2: ProQOL Assessment. Copies will be distributed at the end of Session 1.

Objectives: Following this session and associated learning activities, learners will be able to…	Content Outline	Method of Instruction/ Learning Activity	Time Allotted (minutes)	Resources	Method of Evaluation
Describe two theoretical foundations for self-care.	Examine where self-care is found in theory, and guidelines for nurses	PowerPoint Lecture Discussion	30 Minutes	Classroom, Projection screen, Computer with projector and speakers	Learners will be given a brief assessment at end of session.
Differentiate between religion and spirituality.	What is spirituality? What is religion? What is resilience? How does spirituality act as the foundation for self-care and resilience?	PowerPoint Lecture Discussion	30 Minutes	Classroom, Projection screen, Computer with projector and speakers	Learners will be given a brief assessment at end of session.
Develop a personal definition of spirituality as a foundation for self-care.	Self-reflection is the key to identify one's own sense of spirituality.	PowerPoint Lecture Discussion	30 minutes	Classroom, Projection screen, Computer with projector and speakers pens, paper	Write an in-session personal reflection
		Total Time	90 minutes		

Session 2

"A Ground Rule Double": Having the Vision for Resilience

Overview

Session 2 builds on Session 1 and the discussion about how spirituality is the foundation for developing and becoming a more resilient caregiver. This session will begin by talking about what resilience means and what being a resilient nurse looks like.

Nurses in emergency departments work in a very mentally challenging and emotionally draining environment that is often chaotic, has high patient acuity levels, workplace violence, unrealistic patient expectations, over-crowding, trauma, and death (Flarity, Gentry, & Mesnikoff, 2013). Emergency room nurses frequently have to move from one traumatic event to another without much time to process what has happened to their patients. Nurses cannot help but be affected emotionally as witnesses to the trauma their patients have endured. This process has a cumulative effect on the nurse caring for these patients known as secondary traumatic stress occurs when the nurse is repeatedly exposed to other people's distress and suffering (Figley, 2002).

This exposure to patient's suffering, coupled with the environment of the emergency department, could lead the nurse to emotional withdrawal as well as a lack of empathy for their patients (Flarity et al., 2013). When this occurs, the nurse becomes more likely to suffer from burnout. Burnout is a gradual and progressive process that occurs when work-related stress results in emotional exhaustion, an inability to depersonalize patient experiences, and a decreased sense of accomplishment (Sansbury, Graves, & Scott, 2015). Secondary traumatic stress and burnout are the two main components of compassion fatigue (Gentry, 2002).

Compassion fatigue, burnout, and secondary traumatic stress have similar psychological and physical effects on the caregiver.

Repeated exposure to trauma places physical and psychological stress on the body. These stressors take a cumulative toll on an individual known as the Trauma Exposure Response (Lipsky & Burk, 2009). According to Lipsky and Burk, there are 16 stress responses:

- Feeling helpless and hopeless

- A sense that one can never do enough

- Hypervigilance

- Diminished creativity

- Inability to embrace complexity

- Minimizing

- Chronic exhaustion/physical ailments

- Inability to listen/deliberate avoidance

- Dissociative moments

- Sense of persecution

- Guilt

- Fear

- Anger and Cynicism

- Inability to empathize/numbing

- Addictions

- Grandiosity: an inflated sense of the importance of one's work

The effects of compassion fatigue and burnout can negatively impact the nurse, the emergency department, and ultimately the patient. The symptoms of compassion fatigue have

the potential to disrupt, and dissolve careers, families, and end even lives (Showalter, 2010). The long-term effects of both compassion fatigue and burnout for the nursing units include low staff morale, absenteeism, nurse turnover, and apathy (Portnoy, 2011). All of this has a negative effect on the patients who arrive at the emergency department seeking care.

Compassion fatigue exhausts the caregiver, physically, mentally, and spiritually. Despite this exhaustion, nurses continue to give to their patients and neglect their own self-care (Showalter, 2010). Caring for others becomes very tough if not impossible without adequate self-care (Koren & Papamiditriou, 2013). Spirituality can be an essential component of self-care for nurses. Incorporating spirituality into one's nursing practice is beneficial in the patient-nurse relationship, and also helps as a self-care mechanism (Koren & Papamiditriou, 2013). Investing in self-care and resiliency measures that incorporate spirituality into the nursing practices will assist the nurses, the department, and the patients. Highly resilient nurses make up an engaged workforce, which is linked to increased quality sustainability in healthcare organizations (Tubbert, 2015). Studies have also shown that as work engagement increases, compassion satisfaction increases, and burnout decreases (Smart et al., 2014). This has an overall positive impact on nurses and nursing units with lower turnover rates.

Burnout, secondary traumatic stress, and compassion fatigue can happen to healthcare providers in any setting. With the guidance of the course instructor, learners will review the results of their Professional Quality of Life Scale (ProQOL 5) self-assessment for burnout and compassion fatigue. This is a tool developed for gauging where people are in regards to their perceived levels of compassion satisfaction and burnout, and their coping mechanisms. Recognizing how one handles and copes with their stress is a vital component to becoming a

more resilient caregiver. The ProQOL 5 self-assessment is a tool that helps identify if individuals are at risk for developing compassion fatigue and burnout.

A baseball player is perhaps the most resilient athlete there is. A player that has a batting average of .300 is celebrated as a very good player. Looking at the numbers, this batter gets 3 hits for every 10 at bats. That means the player fails 70% of the time. This type of repeated failure, much like repeated exposure to traumatic events has a cumulative effect and can erode an individual's ability to function at an optimum level (Showalter, 2010). Not functioning at an optimum level contributes to a player's "slump." Nurses are not immune to slumps either. This is a very normal part of life, and nursing. It is how nurses manage their slumps that is vital to becoming more resilient.

Session 2: Lesson Plan

Course Goal: Learners will identify key elements of self-care and strategies to use for self-care when faced with adversity in both

their personal and professional lives.

Session Goal: Learners will explore how their spirituality, as a personal foundation for self-care, will assist them in becoming more

resilient care givers when exposed to trauma.

Pre-Class Learning Activities: Complete the ProQOL 5 self-assessment for compassion fatigue and burnout, which was handed out

and explained at Session 1.

Assignment for Session 3: The FICA Spiritual Assessment Tool will be given to learners in preparation for Session 3.

Objectives: Following this class session and associated learning activities students will…	Content Outline	Method of Instruction/ Learning Activity	Time Allotted (mins)	Resources	Method of Evaluation
Define the meaning of resilience in self-care and nursing	Further expand on the meaning of resilience from discussion in Session 1.	PowerPoint Lecture Discussion	15 Minutes	Classroom, computer with projection screen.	Written Assessment
Describe three effects that repeated exposure to traumatic events has on an individual.	Explain the psychological and physiological stresses placed on the body when exposed to repeated traumatic events.	PowerPoint Lecture Discussion	15 Minutes	Classroom, computer with projection screen	Written Assessment
Identify four signs of compassion fatigue	Recognizing the signs of compassion fatigue in ourselves and co-workers, and ourselves is important.	PowerPoint Lecture Discussion	25 Minutes	Classroom, computer with projection screen.	Written Assessment

Objectives: Following this class session and associated learning activities students will…	Content Outline	Method of Instruction/ Learning Activity	Time Allotted (mins)	Resources	Method of Evaluation
	We need to be aware of signs of compassion fatigue to become a more resilient nurse.				
Describe one way that repeated exposure to trauma contributes to compassion fatigue.	Self-reflection is an important tool used to help nurses become resilient and also helps a nurse develop a sense of spirituality within themselves, which in turn strengthens the foundation on which their resilience is built.	PowerPoint Lecture Discussion	25 Minutes	Classroom, computer with projection screen, paper, pens/pencils.	Brief Self-Reflection
Session Evaluation			10 Minutes		
		Total Time	90 Minutes		

Session 3

"Sliding Into Third": Engaging in Self-Care

Overview

Spirituality needs to be the foundation of self-care, and resilience building. This session builds upon the previous sessions by incorporating the concepts of spirituality and spiritual care into our daily nursing practice. Talking with patients about their spirituality and spiritual practices can be challenging, and at times seem inappropriate for nurses. This is actually far from the truth. By asking patients about their spirituality, the patient-nurse relationship is strengthened. It shows the patient that the nurse truly cares. There is also a benefit to the nurse that may not be as tangible: the nurse actually begins to think of their own spirituality. This is a way that actually helps the nurse become more self-reflective, which leads to resilience.

One of the goals for nursing care is to treat the whole person and not just the parts. The spirituality of a person is often overlooked for various reasons. One of these reasons is the lack of time. Due to the heavy workloads, the nurse may feel that there is no time to address such a vital component of a person's overall health. Another reason is that nurses do not know how to assess another person's spirituality, especially if that nurse is not aware of their own spirituality. During this session, assessing patient spirituality and spiritual practices will be discussed as a strategy that helps the nurse become more self-reflective, which leads to resilience. Sliding into third base, the ballplayer demonstrates resilience by standing up and brushing off the dirt, preparing to head home. Similarly, nurses who engage in self-care practices informed by their spirituality are better able to pick themselves up after being exposed to a traumatic event.

One of the great things that baseball teaches us is to take time. Baseball is timeless, when you sit in the stands at a game, there is no time limit. When nurturing the soul, especially our own, it is important to take the time needed. Taking time to care for ourselves, may seem

counter-intuitive to a dedicated caregiver, but the reality is that taking time for self-care is a

necessity.

Session 3: Lesson Plan

Course Goal: Learners will identify key elements of self-care and strategies to use for self-care when faced with adversity in both their

personal and professional lives.

Session Goal: Learners will integrate spirituality into their own practice to enhance their practice and own self-care awareness.

Pre-Class Learning Activities: Complete the FICA Spirituality Assessment Tool. This tool was given to the learners in Session 2.

Objectives: Following this class session and associated learning activities students will…	Content Outline	Method of Instruction/ Learning Activity	Time Allotted (mins)	Resources	Method of Evaluation
Describe the four components of the FICA Spirituality Assessment Tool.	The FICA Spirituality Assessment Tool is designed to help caregivers ask questions about their patient's spirituality, as well their own. In order to speak about spirituality, a nurse must first know about their own spirituality.	PowerPoint Lecture Discussion	30 Minutes	Classroom, computer with projection screen	Written Assessment
List three benefits of incorporating spirituality into daily practice benefits the nurse and patient.	Identifying the benefits of incorporating spirituality into self-care, and nursing resilience gets to the core of what this continuing education course is all about: how spirituality is the foundation for our self-care and resilience building in the face of repeated trauma.	PowerPoint Lecture Discussion	30 Minutes	Classroom, computer with projection screen	Written Assessment
Describe one way	Discussion on the importance of	PowerPoint Lecture	30 Minutes	Classroom,	Self-

Objectives: Following this class session and associated learning activities students will…	Content Outline	Method of Instruction/ Learning Activity	Time Allotted (mins)	Resources	Method of Evaluation
that the nurses own sense of spirituality acts as the foundation for self-care techniques and resilience.	self-care techniques will occur.	Discussion		computer with projection screen	Reflection Assessment
		Total Time	90 Minutes		

Session 4

"Safe at Home": Putting it All Together

Overview

In this fourth and final session, the previous sessions are reviewed and tied together. Incorporating spirituality into self-care techniques are beneficial to both the nurse and patient. This is not easy work, and takes time to develop. The benefits of incorporating spirituality into self-care will benefit both the nurse and the nursing unit overall. If nurses take time to develop these skills, they will enhance the care provided to patients and families as well as advance the nursing profession and contribute to healthier workplaces and communities.

Successful teams rely on each other. Teamwork is an essential part of any nursing unit. This task is more challenging when a team member is experiencing compassion fatigue or burnout. Nurses need to recognize these symptoms in themselves, and their co-workers in order to develop a resilient team. It is the resilient team that will succeed with low turnover rates, higher job satisfaction and improved quality of patient care. This is a benefit of having resilient nurses who know how to incorporate healthy self-care techniques into their own practice and lives. Putting it all together, resilient nurses draw strength from their spirituality to incorporate healthy self-care practices in their personal and professional lives.

Session 4: Lesson Plan

Course Goal: Learners will identify key elements of self-care and strategies to use for self-care when faced with adversity in both their personal and professional lives.

Session Goal: Learners will examine self-care techniques, and ways to incorporate these techniques into their nursing practice based upon their own sense of spirituality.

Pre-Class Learning Activities: None.

Objectives: Following this class session and associated learning activities learners will…	Content Outline	Method of Instruction/ Learning Activity	Time Allotted (mins)	Resources	Method of Evaluation
Describe three healthy self-care techniques, including at least one benefit of each technique.	Examine both harmful and helpful self-care techniques. Describing the benefits of each technique.	PowerPoint Lecture Discussion	20 Minutes	Classroom, computer with projection screen	Written assessment
Identify two strategies for integrating self-care techniques into their nursing practice while at work.	Integrating self-care techniques into nursing practice while at work will examined during this portion of the course.	PowerPoint Lecture Discussion	20 Minutes	Classroom, computer with projection screen	Written assessment
List two challenges and two benefits of incorporating self-care and spirituality into one's nursing practice.	Getting the buy in from senior nursing staff can be challenging, especially when talking about self-care and resilience. The emphasis during the	PowerPoint Lecture Discussion	40 minutes	Classroom, computer with projection screen	Written assessment

Objectives: Following this class session and associated learning activities learners will…	Content Outline	Method of Instruction/ Learning Activity	Time Allotted (mins)	Resources	Method of Evaluation
	conclusion of this course, is that these emotions are normal. The benefits far outweigh the non-benefits of incorporating healthy, self-care techniques into one's practice.				
			10 minutes		Final course evaluation
		Total Time	90 minutes		

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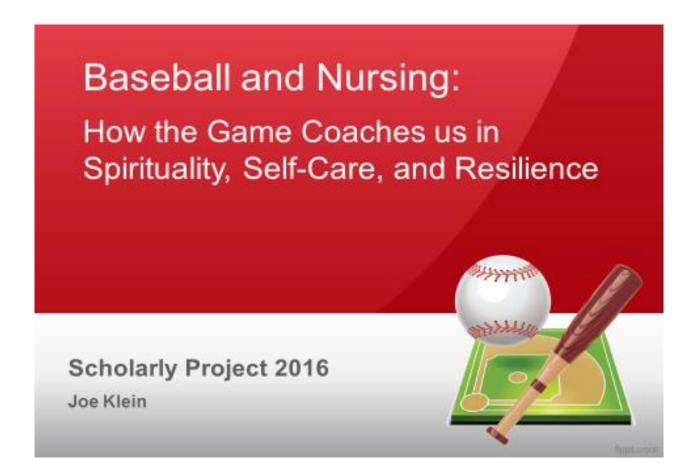Butts, J., & Rich, K. (2015). *Philosophies and theories for advanced nursing practice* (2nd ed.).

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Appendix A

Continuing Education Course: Goals and Session Objectives

Baseball and Nursing:

How the Game Coaches us in Spirituality, Self-Care, and Resilience

Scholarly Project 2016

Joe Klein

Course Goal and Objectives

Course Goal: Learners will identify key elements of self-care and strategies to use for self-care when faced with adversity in both their personal and professional lives.

Course Objectives:

1. Increase awareness of compassion fatigue, and burnout in emergency department nurses.

2. Build a more resilient nursing staff by teaching them how to incorporate spirituality into their practice.

3. Increase nurse engagement in the department.

4. Decrease turnover rates in emergency department related to burnout and compassion fatigue.

Session 1: "Getting to First Base": Spirituality is the Foundation

Session Goal: Learners will describe the significance of their spirituality as it relates to self-care.

Session Objectives:

1. Describe two theoretical foundations for self-care.

2. Differentiate between religion and spirituality.

3. Develop a personal definition of spirituality as a foundation for self-care.

Session 2: "A Ground Rule Double": Having the Vision for Resilience

Session Goal: Learners will explore how their spirituality, as a personal foundation for self-care, will assist them in becoming more resilient care givers when exposed to trauma.

Session Objectives:

1. Define the meaning of resilience in self-care and nursing.

2. Describe one way that repeated exposure to trauma contributes to compassion fatigue.

3. Identify four signs of compassion fatigue.

4. Describe three effects that repeated exposure to traumatic events has on an individual.

Session 3: "Sliding Into Third": Engaging in Self-Care

Session Goal: Learners will integrate spirituality into their own practice to enhance their practice and own self-care awareness.

Session Objectives:

1. Describe the four components of the FICA Spirituality Assessment Tool.

2. List three benefits of incorporating spirituality into daily practice for the nurse and patient.

3. Describe one way that the nurse's own sense of spirituality acts as the foundation for self-care techniques and resilience.

Session 4: "Safe at Home": Putting It All Together

Session Goal: Learners will examine self-care techniques, and ways to incorporate these techniques into their nursing practice based upon their own sense of spirituality.

Session Objectives:

1. Describe three healthy self-care techniques, including at least one benefit of each technique.

2. Identify two strategies for integrating self-care techniques in nursing practice while at work.

3. List two challenges and two benefits of incorporating self-care and spirituality into one's nursing practice.

Appendix B

Professional Quality of Life Scale (ProQOL 5)

PROFESSIONAL QUALITY OF LIFE SCALE (PROQOL)

COMPASSION SATISFACTION AND COMPASSION FATIGUE (PROQOL) VERSION 5 (2009)

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

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

_____ 1. I am happy.

_____ 2. I am preoccupied with more than one person I *[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 that I might have been affected by the 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.

Based on your responses, place your personal scores below. If you have any concerns, you should discuss them with a physical or mental health care professional.

Compassion Satisfaction _____

Compassion satisfaction is about the pleasure you derive from being able to do your work well. For example, you may feel like it is a pleasure to help others through your work. You may feel positively about your colleagues or your ability to contribute to the work setting or even the greater good of society. Higher scores on this scale represent a greater satisfaction related to your ability to be an effective caregiver in your job.

The average score is 50 (SD 10; alpha scale reliability .88). About 25% of people score higher than 57 and about 25% of people score below 43. If you are in the higher range, you probably derive a good deal of professional satisfaction from your position. If your scores are below 40, you may either find problems with your job, or there may be some other reason—for example, you might derive your satisfaction from activities other than your job.

Burnout_____

Most people have an intuitive idea of what burnout is. From the research perspective, burnout is one of the elements of Compassion Fatigue (CF). It is associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively. These negative feelings usually have a gradual onset. They can reflect the feeling that your efforts make no difference, or they can be associated with a very high workload or a non-supportive work environment. Higher scores on this scale mean that you are at higher risk for burnout.

The average score on the burnout scale is 50 (SD 10; alpha scale reliability .75). About 25% of people score above 57 and about 25% of people score below 43. If your score is below 43, this probably reflects positive feelings about your ability to be effective in your work. If you score above 57 you may wish to think about what at work makes you feel like you are not effective in your position. Your score may reflect your mood; perhaps you were having a "bad day" or are in need of some time off. If the high score persists or if it is reflective of other worries, it may be a cause for concern.

Secondary Traumatic Stress_____

The second component of Compassion Fatigue (CF) is secondary traumatic stress (STS). It is about your work related, secondary exposure to extremely or traumatically stressful events. Developing problems due to exposure to other's trauma is somewhat rare but does happen to many people who care for those who have experienced extremely or traumatically stressful events. For example, you may repeatedly hear stories about the traumatic things that happen to other people, commonly called Vicarious Traumatization. If your work puts you directly in the path of danger, for example, field work in a war or area of civil violence, this is not secondary exposure; your exposure is primary. However, if you are exposed to others' traumatic events as a result of your work, for example, as a therapist or an emergency worker, this is secondary exposure. The symptoms of STS are usually rapid in onset and associated with a particular event. They may include being afraid, having difficulty sleeping, having images of the upsetting event pop into your mind, or avoiding things that remind you of the event.

The average score on this scale is 50 (SD 10; alpha scale reliability .81). About 25% of people score below 43 and about 25% of people score above 57. If your score is above 57, you may want to take some time to think about what at work may be frightening to you or if there is some other reason for the elevated score. While higher scores do not mean that you do have a problem, they are an indication that you may want to examine how you feel about your work and your work environment. You may wish to discuss this with your supervisor, a colleague, or a health care professional.

Appendix C

FICA Spiritual Assessment Tool

SPIRITUAL ASSESSMENT TOOL – FICA©

An **acronym** which can be used to remember what to ask in a spiritual history is:

F: Faith or Beliefs

I: Importance and Influence

C: Community

A: Address

Some specific questions you can use to discuss these issues are:

F: What is your faith or belief? Do you consider yourself spiritual or religious? What things do you believe in that give meaning to your life?

I: Is it important in your life? What influence does it have on how you take care of yourself? How have your beliefs influenced in your behavior during this illness?? What role do your beliefs play in regaining your health?

C: Are you part of a spiritual or religious community? Is this of support to you and how? Is there a person or group of people you really love or who are really important to you?

A: How would you like me, your healthcare provider to address these issues in your healthcare?

General recommendations when taking a spiritual history:

1. Consider spirituality as a potentially important component of every patient's physical well being and mental health.

2. Address spirituality at each complete physical exam and continue addressing it at follow- up visits if appropriate. In patient care, spirituality is an on-going issue.

3. Respect a patient's privacy regarding spiritual beliefs; don't impose your beliefs on others.

4. Make referrals to chaplains, spiritual directors or community resources as appropriate.

5. Be aware that your own spiritual beliefs will help you personally and will overflow in your encounters with those for whom you care to make the doctor-patient encounter a   more humanistic one.

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