

Running head: PROFESSIONAL QUALITY OF LIFE IN NURSES

FOSTERING PROFESSIONAL QUALITY OF LIFE IN NURSES: AN ONLINE
CURRICULUM

A
PROJECT

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of the University of Alaska Anchorage

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By

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Abstract

The nursing profession is based on compassion toward others, with inherent risks and rewards for nurses. The cost of caring is even more prevalent within the context of the current healthcare crisis. Despite implications at the personal, professional, and larger healthcare system level, little effort is being directed toward mitigating these negative effects. The efficacy of self-care and mindfulness practices is promising, yet succinct tools are not readily available. An online curriculum was created to promote awareness, provide evidence-based education, and encourage application of self-care and mindfulness practices for nursing students, practicing nurses, and Advanced Practice Registered Nurses to help mitigate the negative effects of compassion fatigue and positively impact professional nursing quality of life. Overall, there was a positive response based on relevance, practicality, and satisfaction from users, as evidenced by responses on a post-completion survey.

Introduction

Nursing is based on compassion and bearing witness to human suffering. The ability to care for people is often what moves nurses into the profession, but there can also be a cost to this caring (Figley, 2002; Joison, 1992). The greater one's capacity for compassion and empathy, the greater the risk for experiencing negative effects of caring for others (Figley, 2002; Hunsaker, Chen, Maughan, & Heaston, 2015; Potter, Deshields, Berger, Clarke, Olsen, & Chen, 2013; Sabo, 2011; Todaro-Franceschi, 2013). In order to maintain the joy and excitement for the calling, nurses should be encouraged to care for themselves (Joison, 1992), yet nurses often care for people at the expense of their own wellness (Stark, Manning-Walsh, & Vliem, 2005). Promoting the ability to care for oneself enhances a nurse's ability to care for patients (McElligott, Siemers, Thomas, & Kohn, 2009). It is essential for nurses to develop awareness and find balance between the risks and rewards inherent in a profession based on caring (Harr, 2013; Joison, 1992).

These risks are even more prevalent within the context of the current healthcare crisis, attributable to an unprecedented demand for health care services and increasing disparity between the number of patients needing care and the number of healthcare providers to deliver care. Between 2010 and 2025, the United States (US) population is projected to increase by 15.2%, while the category of those 65 years of age and older will increase by 60% (Pettersen et al., 2012). The aging US population puts an increased demand on the health care industry, with the proportion of those 65 years and older expected to double in the next 35 years (Ortman, Velkoff, & Hogan, 2014). This is coupled with a growing shortage of healthcare providers.

In 2009, the median age of Registered Nurses (RNs) was 45.4 years of age, with 50% of the current workforce within 20 years of retirement (Juraschek et al., 2012). It is projected that by 2020 there will be a shortage of 300,000 to 1 million RN jobs (Juraschek et al., 2012), coinciding with a current estimated shortage of 60,000 primary care physicians (Hansen-Turton, 2013). The 2014 passage of the Affordable Care Act (ACA) also expanded health care coverage for an additional 16 to 32 million Americans (Hansen-Turton, 2013; Hertz, 2012; Petterson et al., 2012). “Chaotic changes in health care systems, attributed in part to the increasing complexity of health care, along with the economic constraints, have contributed to the sense that everyone involved in care delivery is working against the odds,” (Todaro-Francheschi, 2013, p. 9) which can lead to compassion fatigue and burnout.

Burnout negatively impacts patient care and institutional expenditures, with personal implications as adverse as suicidal ideation; yet little effort is being directed toward mitigating the consequences (Fortney, Luchterhand, Zakletskaia, Zgierska, & Rakel, 2013). A lack of self-care and increased stress have been shown to precede burnout (Ekstedt & Fagerberg, 2005; Figley, 2002), while increasing self-care has been shown to reduce burnout and compassion fatigue (Alkema, Linton, & Davies, 2008). Due to the adverse effects of stress and burnout on healthcare professionals, “there exists an impetus for the development of curriculum aimed at fostering wellness and the necessary self-care skills” for nurses (Irving, Dobkin, & Park, 2009, p. 61).

Background

Individual nurses and healthcare institutions as a whole can foster professional quality of life through awareness and education. Promoting self-care and mindfulness

have been shown to increase the positive effects and ameliorate the negative effects of caring for others in nursing students and practicing nurses. However, succinct tools such as an online curriculum are not readily available.

Literature Review

Professional quality of life consists of a balance between compassion satisfaction (the positive aspects) and compassion fatigue (the negative aspects) of working in the role of a healthcare professional (Stamm, 2010). Compassion fatigue is further divided into burnout and secondary traumatic stress, which are two distinct but related aspects (Stamm, 2010). Personal characteristics, work environment, and interaction with different types of patients affect healthcare provider's professional quality of life (Stamm, 2010). "Professional quality of life is important for both the careers and the recipients of care" (Todaro-Franceschi, 2013, p. 4).

Compassion Satisfaction (CS)

CS arises from the positive feelings of being able to perform one's job well and to contribute to others through one's work (Stamm, 2010). Higher levels of CS are protective against the negative aspects of caring for people (Harr, 2013; Ray, Wong, White, & Heaslip, 2013; Yoder, 2010). More experience in nursing is associated with higher levels of CS (Hegney et al., 2014; Hunsaker et al., 2015). When nurses are more satisfied with their work and find it meaningful, patient satisfaction increases (Leiter, Harvie, & Frizzell, 1998). Managing stress, maintaining a positive attitude toward patients, and enhancing self-care are ways of promoting CS (Harr, 2013).

A 2014 study by Hinderer and colleagues with 128 trauma nurses found 78.9% had above average CS scores on the Professional Quality of Life scale. Self-care

activities such as use of meditation and exercise improved CS. Strong support systems, healthy relationships with coworkers, older age, and lower education correlated with higher CS. Higher levels of CS were associated with lower levels of compassion fatigue, burnout, and secondary traumatic stress (Hinderer, VonRueden, Friedmann, McQuillan, Gilmore, Kramer, & Murray, 2014).

Compassion Fatigue (CF)

CF describes the professional stress that can be experienced by those in helping professions, such as healthcare professionals, fire fighters, social workers, teachers, etc. (Stamm, 2010). Nurses are particularly susceptible (Joison, 1992). CF is characterized by a “physical, emotional, and spiritual fatigue or exhaustion that takes over a person and causes a decline in his or her ability to experience joy or to feel and care for others” (Worley, 2005, p. 416).

Poor self-care practices, inability to adequately handle work-related stress (Harr, 2013), and female gender are associated with CF (Sprang & Clark, 2007). CF can be difficult to recognize and may seem ambiguous, although once acknowledged, it is treatable (Austin, Goble, Leier, & Byrne, 2009; Figley, 2002; Joison, 1992). If not addressed, CF can prevent one’s ability to feel CS. Prevention is the most important, by recognizing the symptoms, maintaining emotional health, promoting work-life balance, enhancing self-care, having positive personal and professional support, and adjusting one’s attitude (Bride, Radey, & Figley, 2007; Perry, 2008; Worley, 2005). Lower levels of CF are associated with lower levels of burnout (Ray et al., 2013).

The prevalence of CF in RNs varies from 16-39% (Potter et al., 2013). A study of emergency room nurses showed 86% had moderate to high levels of CF (Hooper et al.,

2010). Abendroth & Flannery (2006) reported 216 hospice nurses in Florida revealed 78% had moderate-high levels of CF, of whom 26% were in the high-risk zone; 83% ($n = 47$) of the sample in the high-risk category reported that they sacrificed themselves while caring for their patients. The authors also noted other factors that increased CF included extreme empathy, stress, anxiety, previous trauma, and life demands (Abendroth & Flannery, 2006).

Hinderer et al. (2014) found a CF prevalence of 27.3% among trauma nurses. CF was associated with more medicinal use and more hours worked per shift. CF is inversely related to using hobbies as a coping mechanism and having healthy relationships with coworkers (Hinderer et al., 2014).

Austin, Goble, Leier, and Byrne (2009) conducted a qualitative study among five Canadian nurses identifying themselves as experiencing CF reported negative feelings, irritability, hopelessness, anger, difficulties at work, and a disruption in personal life and interpersonal relationships. Six themes emerged in this study: (a) running on empty, (b) being impotent as a nurse, (c) losing balance, (d) it overwhelms everything, (e) the kind of nurse I was, and (f) trying to survive. CF increased with a lack of self-care, excessive empathy, stress, feeling burned out, emotions of patients' family members, and repeated contact with patients. Protective measures included CS, personal and professional support, and seeing improvement in patient's conditions (Austin, Goble, Leier, & Byrne, 2009).

Burnout. "Burnout is a long-term stress reaction that is generally defined as a loss of enthusiasm for work (emotional exhaustion), feelings of cynicism (depersonalization), and a low sense of personal accomplishment" (Shannon, 2013, p. 6).

It is commonly attributed to the human services professions and nurses are especially susceptible (Browning, Ryan, Thomas, Greenberg, & Rolniak, 2007; Shannon, 2013). Burnout affects not only the health care providers experiencing it, but their patients and larger institutions as well (Maslach, Leiter, & Jackson, 1996).

Burnout is attributed with absenteeism, job turnover, low morale, and providers leaving practice (Bodenheimer & Sinsky, 2014; *Leading by Example*, 2005; Maslach, Leiter, & Jackson, 1996; Shanafelt & Dyrbye, 2012; Shannon, 2013). Burnout is also associated with personal consequences for the healthcare provider such as broken relationships, insomnia, increased drug and alcohol consumption, physical exhaustion, suicidal ideation, and poor health (Maslach, Leiter, & Jackson, 1996; Shanafelt, 2012; Shanafelt & Dyrbye, 2012; Vahey, Aiken, Sloane, Clarke, & Vargas, 2004). There are consequences for patients too, such as increased medical errors, poor patient safety, decreased patient satisfaction, and decreased adherence to treatment plans (Bodenheimer & Sinsky, 2014; Shanafelt, 2012; Shanafelt & Dyrbye, 2012; Shannon, 2013; Leiter, Harvie, & Frizzell, 1998; Vahey et al., 2004). A cross-sectional study of 136 primary care physicians in a health maintenance organization (HMO) in Israel found that higher levels of burnout were associated with higher rates of inexpensive and expensive diagnostic tests and referrals to specialists (Kushnir, Greenberg, Madjar, Hadari, Yermiahu, & Bachner, 2014).

Shanafelt (2012) compared 7,288 US physicians with a control group of 3,442 employed adults, and found that physicians experience burnout at an alarming rate. Nearly forty-six percent scored high on either the depersonalization or emotional exhaustion scale, indicating burnout. Physicians were almost twice as likely to be

dissatisfied with their work-life balance as controls (40.2% v. 23.2%). The highest rates of burnout were found to be in the front-line of care (emergency medicine, internal medicine, neurology, and family medicine). Physicians worked a median of 50 hours a week, compared to 40 in the control group, and the more hours worked per week correlated with a higher risk of burnout. Being married and being older were associated with a lower risk of burnout (Shanafelt, 2012).

McMurray and colleagues (2000) found that female physicians ($n = 735$) were 1.6 times more likely to experience burnout than their male counterparts ($n = 1,585$), however stress scores were not significantly different. The authors confirmed the direct correlation between hours worked and risk of burnout found by Shanafelt (2012). In female physicians, for every five hours worked above forty hours a week, burnout was found to increase by 12-15%. Lack of workplace control was also a risk factor for burnout. Interestingly, parental status or having children under the age of six did not have an effect on burnout. For women under the age of forty-five, support from spouse and colleagues were found to decrease burnout. For every increase by one point on a five-point scale measuring spousal support of career, burnout decreased by 40%. For every increase by one point on a five-point scale measuring colleague support of work-life balance, burnout decreased by 45% (McMurray, Linzer, Konrad, Doublas, Shugerman, & Nelson, 2000).

A systematic review of seventy studies published between 1990 and 2012 related to burnout, work-related stress, job satisfaction, and general health, showed higher levels of stress-related burnout in nurses when compared to other healthcare providers. Six articles confirmed that work-related stress contributes significantly to burnout. Burnout

is predictive of poor health and decreased psychological well-being in nurses (Khamisa, Peltzer, & Oldenburg, 2013).

Dominguez-Gomez and Rutledge (2009) found 82% of emergency department nurses had moderate to high levels of burnout. Another study of trauma nurses ($n = 128$) showed 35.9% were burned out (Hinderer et al., 2014). Lack of exercise, fewer supports, poor relationships with coworkers, and less use of meditation correlated with higher rates of burnout. The nurses with higher rates of burnout reported seeking professional counseling, working more hours a shift, working longer in their current position, and working in direct patient care (Hinderer et al., 2014).

While there are few studies about burnout in Advanced Practice Registered Nurses (APRNs), Browning, Thomas, Greenberg, and Rolniak (2007) found APRNs reported the most control and less burnout compared to nurse managers and emergency nurses when looking at 228 nurses from thirty different states. This study speculated that APRNs may be able to spend more quality time with patients, which increases their sense of control, decreases work stress, and therefore reduces burnout. The greater autonomy experienced by APRNs also promotes job satisfaction (Browning et al., 2007).

Secondary Traumatic Stress (STS). STS is defined as “work-related secondary exposure to people who have experienced extreme or traumatically stressful events” (Stamm, 2010, p. 13). STS is usually rapid in onset, after a specific event, with symptoms similar to post-traumatic stress disorder, such as sleep disturbances, fear, hyper vigilance, or avoiding similar events (Stamm, 2010). STS can contribute to burnout and job turnover in nurses. A study of emergency department nurses in three different community hospitals in California showed that 85% of the sample ($n = 67$) had at least

one symptom of STS in the past week (such as irritability, avoidance of patients, and/or intrusive thoughts about patients) and 33% met the criteria for diagnosis (Dominguez-Gomez & Rutledge, 2009). Hinderer et al. (2014) seven percent of 128 trauma nurses had STS (Hinderer et al., 2014). High levels of burnout and low levels of CS positively correlated with STS (Hinderer et al., 2014). Potential approaches to reduce this phenomenon include providing nurses with education about STS, burnout, and how to cope with the death of patients (Dominguez-Gomez & Rutledge, 2009). Other strategies incorporate “team-building” exercises at the institutional level, humor, exercise, meditation, massage, and reading (Dominguez-Gomez & Rutledge, 2009).

Fostering Professional Quality of Life

It is important for nurses to have awareness of CS, CF, burnout, and STS in order to foster their professional quality of life. Promoting self-care and mindfulness can improve the positive effects and help to ameliorate the negative aspects of caring for others. A curriculum focused on self-care, burnout, compassion fatigue, and mindfulness has proven to be effective in the literature.

Self-care. According to the World Health Organization (1983), “self-care... refers to the activities individuals, families and communities undertake with the intention of enhancing health, preventing disease, limiting illness, and restoring health” (p. 2). Self-care requires knowledge and skills, motivation, placing value in health, and subscribing to the idea that healthy behaviors can have a positive impact on one’s life (Stark, Manning-Walsh, & Vliem, 2005). A study of thirty-seven healthcare professionals working in hospice showed increased frequency of self-care practices was

associated with higher levels of CS and lower levels of burnout and CF (Alkema, Linton, & Davies, 2008). Self-care can help insulate the nurse from stress (Sherman, 2004).

Several nursing organizations have recognized the importance of self-care for nurses. The American Association of Colleges of Nursing (2008) states that a basic assumption for the baccalaureate educated nurse is to “engage in care of self in order to care for others” (p. 8). The American Nurses Association (2011) code of ethics, provision five states “the nurse owes the same duties to self as to others” (p. 1). According to the American Holistic Nurses Association (2015) website, this professional organization was started to promote nurses to heal themselves in order to heal others and to prevent nursing burnout. Richards (2013) states “self-care should be expected as part of the professional role of nursing” (p. 199).

A pilot study of 149 acute care and floor RNs showed overall low scores in self-care activities. Physical activity and stress management were the weakest areas. Interpersonal relations and spiritual growth were the strongest areas. This study documented that self-care activities are a place of concern in nurses, and that “health promotion... needs to be ingrained in the lifestyle of each nurse and supported in the research arena” (McElligott, Siemers, Thomas, & Kohn, 2009).

Mindfulness. “Mindfulness is a nonjudgmental, receptive mind state in which individuals observe their thoughts and feelings as they arise without trying to change them or push them away, but without running away with them either” (Neff, 2003, p. 224). Jon Kabat-Zinn, the founder of mindfulness-based stress reduction (MSBR) describes the components of mindfulness as: (a) nonjudging, (b) patience, (c) beginner’s mind, (d) trust, (e) non-striving, (d) acceptance, and (e) letting go (Dossey & Keegan,

2013). The purpose of mindfulness is to be more authentically oneself and to cultivate self-compassion (Dossey & Keegan, 2013). Mindfulness is paying attention on purpose and without judgment, and it can minimize the risks involved with caring for others and promote being fully present with patients (Smith, 2014).

Self-care curriculum. “From a business perspective, promoting health in nurses and their work environment can decrease the cost of turnover, disability, and employer health care and improve quality of care” (Dossey & Keegan, 2013, p. 833).

Baccalaureate nursing students reported a positive influence on their personal and professional lives up to seven years after completing a semester course on holistic nursing, which focused on values such as health promotion and self-care (Downey, 2007). In a longitudinal qualitative study of baccalaureate nursing students, self-care (i.e. stress management, exercise, and adequate rest) was identified as second most valuable behind study skills for success in nursing school (Gardner, Deloney, & Grando, 2007).

A study conducted on sixty-seven undergraduate junior nursing students in the Midwest asked the research question: “Do nursing students’ health-promoting lifestyles, as measured by the Health-Promoting Lifestyles Profile II (HPLP II) improve after completion of an LSCP [lifestyle self-care plan] and self-care practice requirement in a nursing course?” (Stark, Manning-Walsh, & Vliem, 2005, p. 267). At the start of the study, a self-care pretest and demographic questionnaire were performed. Students were then taught about self-care according to theorists Orem, Pender, and Watson. The students were required to perform an assessment about their own self-care and complete a lifestyle self-care plan (LSCP). Students were given two clinical hours a week to

implement the interventions noted on their self-care plan (Stark, Manning-Walsh, & Vliem, 2005).

The post-test demonstrated an increase in all seven components of the HPLP II (overall health-promoting lifestyle, health responsibility, physical activity, nutrition, spiritual growth, interpersonal relations, and stress management), with all being statistically significant except for the interpersonal relations category. Most students chose nutrition and physical activity as interventions for their LSCPs. The greatest improvements following the self-care curriculum were found in nutrition and health responsibility. “The greater increase in health responsibility suggests that students gained an appreciation for the role of self-care in their lives” (Stark, Manning-Walsh, & Vliem, 2005, p. 269). The older students in this study were found to have higher scores on health responsibility and overall health-promoting behaviors than younger students. There was a small, but significant inverse relationship between hours worked and spiritual growth and nutrition. Married students had higher scores in health responsibility. Race, caring for another person, or living arrangements were not significantly correlated. Since it was a largely homogeneous sample with only two male students, gender was not tested. “Providing content on health-promoting self-care, requiring students to write an LSCP, and allowing time for students to practice may be a way to encourage nursing students to develop self-care behavior” (Stark, Manning-Walsh, & Vliem, 2005, p. 269).

Burnout/compassion fatigue curriculum. A systematic review of twenty-five primary burnout intervention studies published from 1995 to 2007 showed 80% of all programs decreased burnout. Interventions that focused on both the person and

organization had effects lasting at least twelve months, while the effects of person only directed interventions lasted about six months. This review found that intervention programs focusing on burnout are beneficial, though refresher courses are recommended since positive effects decrease with time (Awa, Plaumann, & Watter, 2010).

A pilot study of a compassion fatigue resiliency program with thirteen oncology nurses showed promising results. “The program interventions were designed to promote resiliency through self-regulation, intentionality, self-validation, connection, and self-care” (Potter, et al., 2013, p. 182). STS scores were statistically significant, with a drop immediately after the program, and then declined even more six months after the program. Burnout scores declined slightly after the program, and then dropped below the baseline level (although it was not statistically significant) (Potter et al., 2013).

Mindfulness interventions. “As the healthcare industry continues to grow, technology continues to evolve, and demands on nurses continue to mount; [MSBR is an exciting] tool to help manage nurse stress” (Smith, 2014, p. 129). An empirical review of ten studies on MSBR programs for healthcare providers concluded that mindfulness training is a worthwhile tool to promote self-care and wellness in healthcare professionals (Irving, Dobkin, & Park, 2009). A meta-analysis of sixty-four empirical reports on the use of MSBR or mindfulness practice on generalized health included twenty studies with a total of 1605 subjects. Consistent improvement in anxiety, depression, coping strategies, and overall quality of life was identified in a variety of clinical situations (Grossman, Niemann, Schmidt, & Walach, 2004). “Of the various meditation styles, mindfulness is particularly suitable for [healthcare] burnout because it is nonreligious yet addresses meaning and purpose, has secular and academic appeal, and has a solid

scientific foundation” (Fortney, Luchterhand, Zakletskaia, Zgierska, & Rakel, 2013, p. 414).

A critical review of the literature (eleven quantitative and two qualitative studies) concluded that one of the most positive benefits of MSBR for nurses was increased focus, improved concentration, and less confusion, which could contribute to improved quality of patient care. MSBR proved to decrease burnout and anxiety, while increasing job satisfaction in nurses. These studies also found that MSBR led to self-improvement through increasing self-care, self-compassion, self-learning, self-reliance, self-acceptance, spirituality, and empowerment. It also decreased the sense of lack of personal accomplishment and depression, while improving mood and positive affect (Smith, 2014).

Fortney and colleagues (2013) conducted an uncontrolled pilot study involving thirty primary care clinicians in Madison, Wisconsin. It was a single-sample, pretest-posttest design to measure whether a weekend immersion and two short evening sessions focusing on mindfulness were effective. This study found a reduction in anxiety, depression, stress, and burnout in three subsequent surveys, up to nine months after the intervention. This study “suggests that even limited initial training may be sufficient in teaching fundamental mindfulness practices” (Fortney et al., 2013, p. 417).

Bazarko, Cate, Azocar, and Kreitzer (2013) conducted a pilot study by replacing six of the traditional eight MSBR sessions with group telephonic sessions. Thirty-six nurses completed surveys on health, stress, burnout, self-compassion, serenity, and empathy at three different points in time (pre-intervention, post-intervention, and four months after). On average, the nurses participated in 13.9 hours of in-person mindfulness

sessions, 7.9 hours of telephonic sessions, and 28.5 hours of self-practice. At baseline, the nurses had high levels of stress. There was significant improvement after the program, which was maintained for four months. Burnout also significantly decreased four months after the program. Improvements in social functioning, mental health, and overall physical health in the nurses who participated in this study were also reported (Bazarko et al., 2013).

Problem Statement

More demands are being placed on healthcare providers, who often care for patients at the expense of their own wellness. This cost of caring can impact the nurse, patient, and larger healthcare institutions. Despite the promising efficacy and recommendations by national nursing organizations for self-care and mindfulness practices, these concepts are not incorporated into nursing curriculum, nor are succinct tools readily available.

Purpose

The purpose of this project was to develop an online curriculum aimed at fostering professional quality of life and preventing burnout through self-care and mindfulness practices. The curriculum was developed for a broad user group including undergraduate and graduate nursing students, as well as practicing nurses and nurse practitioners. Ultimately, the purpose of this project was to bring awareness of CS, CF, and burnout, and to empower nurses to care for themselves while they care for others.

Project Goals

- 1) Determine the evidence-based practices that promote compassion satisfaction in nursing students and practicing nurses.

- 2) Determine the evidence-based practices that prevent compassion fatigue and burnout in nursing students and practicing nurses.
- 3) Develop an online curriculum based on these findings.
- 4) Post-completion evaluation by users via an online Qualtrics survey (Appendix A).

Methods

A review of the literature was conducted on compassion fatigue and burnout. The literature showed this is a prevalent problem in nurses, yet succinct tools are not readily available for prevention and treatment. The literature was also evaluated for evidence-based practices that promote compassion satisfaction and prevent compassion fatigue and burnout in nursing students and practicing nurses.

Framework

Understanding by Design (UbD) was the framework used in this project. It was selected for this project to provide consistency in course design with the University of Alaska Anchorage (UAA) and the School of Nursing (SON). It was used to guide the creation and evaluation of the online curriculum.

Understanding by Design (UbD). The key ideas of the UbD framework are: “1) focus on teaching and assessing for understanding and learning transfer, and 2) design curriculum ‘backward’ from those ends” (McTiche & Wiggins, 2012, p. 1). Curriculum is designed starting from the desired results in mind, and then a lesson plan is created after the evidence has been evaluated. UbD focuses on the teacher facilitating students’ understanding in a fluid process, rather than a rigid method for curricular planning. The “focus [is] on ensuring that learning happens, not just teaching (and assuming that what was taught was learned)” (McTiche & Wiggins, 2012, p. 2). There are six facets to

evaluate student understanding known as student outcomes which include: (1) explain, (2) interpret, (3) apply, (4) shift perspective, (5) empathize, and (6) self-assess.

Curriculum Development

A self-paced, online curriculum was chosen to reach a wide audience base with anticipated ease and convenience for the learner. The curriculum was created using Blackboard's online learning management system called CourseSites. This was chosen because it is free to use, a similar platform design to Blackboard Learn utilized by the UAA SON, and content can be published as an open resource. The curriculum included modules three on (1) Compassion Satisfaction and Compassion Fatigue, (2) Self-Care, and (3) Mindfulness. Each module included a PowerPoint presentation, self-assessment, and learner activities, such as reflective writing exercises, assignments, articles, and additional resources.

Learner Self-Assessments. Three questionnaires were incorporated into the online curriculum to assess baseline levels and promote awareness of professional quality of life (including compassion satisfaction, burnout, and secondary traumatic stress), self-care activities, and mindfulness. These questionnaires were chosen because they demonstrate reliability and validity and were applicable to the course content. They are also all in the public domain, free to use, and can be self-administered and self-scored.

Professional Quality of Life Scale (ProQOL 5). ProQOL 5 is a 30-item, 5-point Likert scale. Participants are asked to rate their caregiving experience in the past 30 days from 1 = never to 5 = very often. Ten questions measure compassion satisfaction, ten questions measure burnout, and ten questions measure secondary traumatic stress. The ProQOL 5 has been evaluated for construct validity, has been used with a variety of

healthcare professionals, and has established reliability. The alpha reliability score for each subscale is as follows: .88 for compassion satisfaction, .75 for burnout, and .81 for secondary traumatic stress (Stamm, 2010).

Health Promoting Lifestyle Profile II (HPLP II). The HPLP II is a 52 item, 4-point Likert scale where participants are asked to indicate the frequency they engage in health-promoting activities from 1 = never to 4 = routinely. There are six subscales, which include spiritual growth, interpersonal relations, nutrition, physical activity, health responsibility, and stress management. It demonstrates reliability and validity, with an alpha reliability score of .94 for the whole scale. The score for each subscale ranges from .79 to .87. (Walker, Sechrist, & Pender, 1995).

Mindful Attention Awareness Scale (MAAS), trait version. The MAAS is a 15 item, 6-point Likert scale that measures an individual's level of mindfulness. Participants are asked to rate their day-to-day experiences with 1 = almost always and 6 = almost never. The tool is valid and reliable and has been studied in community-dwelling adults, university students, and cancer patients. Alpha reliability scores for the entire scale range from .80 to .90 (Brown & Ryan, 2003).

Ethical Considerations

The project chair and committee member reviewed the project proposal and ensured the methods were appropriate. An application was submitted to the University of Alaska, Anchorage (UAA) Institutional Review Board (IRB). The UAA IRB approved exempt status, as there were no foreseeable risks to participants (Appendix A).

The project chair and committee member reviewed the curriculum extensively for evidence-based content and instructional design. Efforts were made to provide equal

opportunity for learning under the Americans with Disabilities Act. Information about accessibility was included in the curriculum syllabus.

Participants received a thorough written explanation about the design and methods of the curriculum. Participation in the course was voluntary, and participants could withdraw at any time without penalty. There were no risks posed to the participants and no identifying information was collected. Informed consent to participate in the course and post-implementation survey was implied if participants registered to take the course (Appendix B).

Participants

Participants included a convenience sample of nursing students and practicing nurses. Undergraduate and graduate nursing students at UAA were given access to the curriculum via a url link on an announcement posted on Blackboard Learn, which was also sent via email on two separate occasions. Practicing nurses (LPN's, RN's, and APRN's) had access via an email invitation sent from the Alaska Nurses Association listserv and a url link on the Alaska Nurses Association website under the "Education" tab. An article entitled "Professional Quality of Life in Nurses" written by the project director was published in the February/March 2016 edition of *The Alaska Nurse* magazine that featured information about the course. This publication is distributed statewide to thousands of nurses registered through the Alaska Board of Nursing (Ammie Tremblay, personal communication, October 29, 2015).

Post-Implementation Survey

A post implementation survey was conducted to collect demographic information and feedback on the course (Appendix C). Demographic information collected included:

current nursing position, length of employment/enrollment, and highest level of education. Participants were asked five, 5-point Likert and three open-ended questions about the curriculum itself. Participants were asked to complete the post-implementation survey within one month. Due to initial low participation, the survey timeframe was extended an additional two weeks.

Results

Thirty-seven people registered for the course. Of those, sixteen people took the post-completion survey. Not every question was answered on every survey, but all answers obtained were included. Table 1 illustrates the survey demographics.

Table 1. Demographics

Variable	Category	Number of Responses
Current nursing position	Undergraduate students	0
	Graduate students	3
	LPNs	0
	RNs	9
	APRNs	4
Length of time in current enrollment/employment	Less than 2 years	2
	2-5 years	3
	6-10 years	1
	11-20 years	6
	21-30 years	1
	More than 30 years	3
Highest level of education obtained	High school diploma	0
	Nursing diploma	1
	Associate's degree	1
	Bachelor's degree	9
	Master's degree	3
	Doctorate degree	1

Total number of respondents (n = 16)

Likert Question Results

Five Likert questions were asked in the post-completion survey. The questions were directed towards evaluating the curriculum for relevance, practicality, and

satisfaction. Figures 1 – 5 illustrate the overall positive responses.

Figure 1. The Curriculum Provided Relevant Information

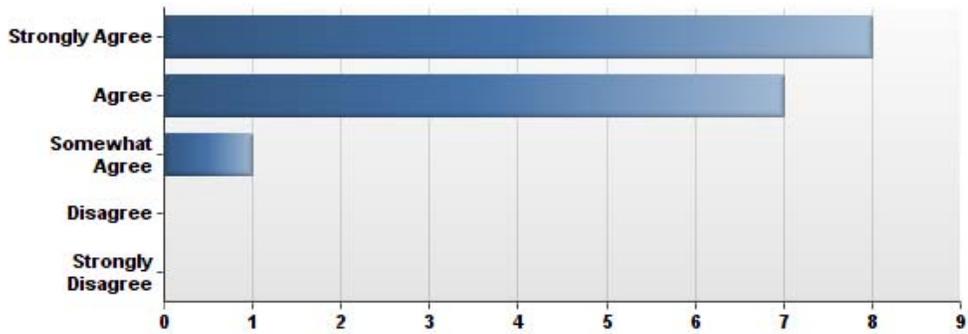


Figure 2: The Objectives were Clearly Met

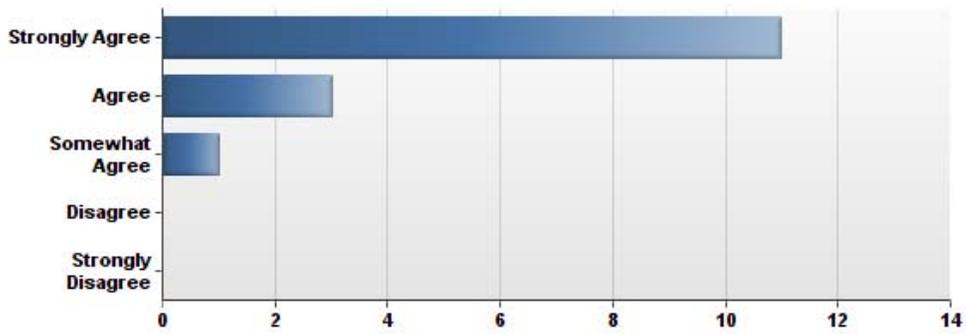


Figure 3. The Subject Matter has Practical Application for Me

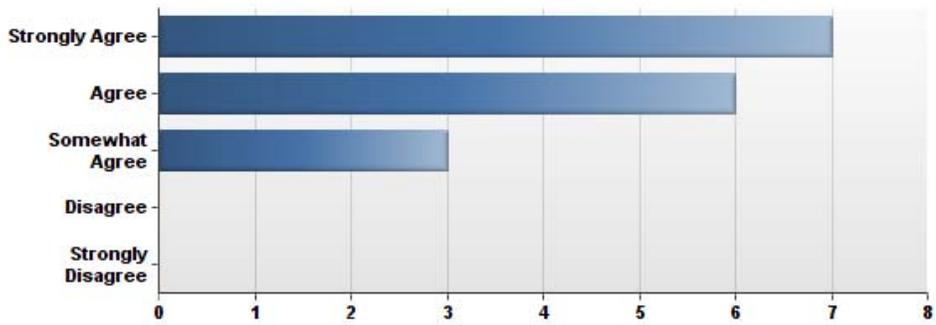


Figure 4. I Will Recommend this Curriculum to Others

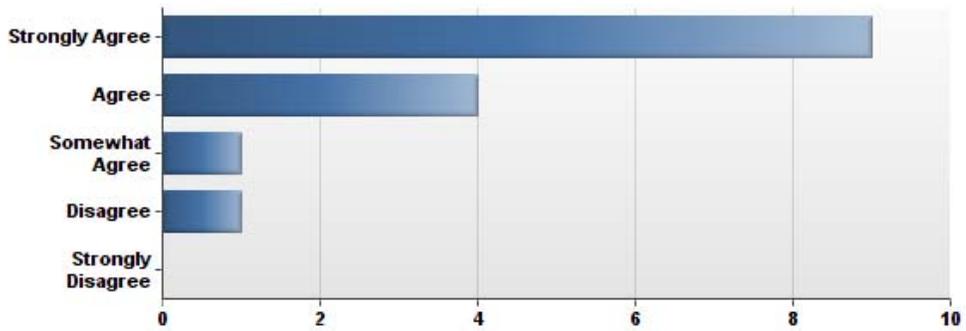
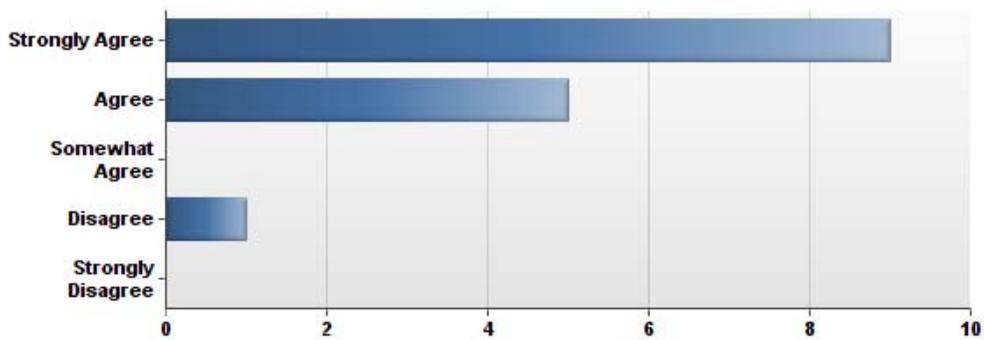


Figure 5. Overall, I was Satisfied with the Curriculum



Open-ended Question Results

Four survey respondents said the self-care module was their favorite because (1) “it reinforced that this is a necessary part of our life and one that we sometimes do not allow ourselves to fully do without guilt,” (2) because “nurses have forgotten that if they don’t care for themselves, they will be unable to provide quality care of their clients,” and (3) it was “slightly more interesting than the rest.” Six survey respondents said that the mindfulness module was their favorite, with one respondent saying it is “most applicable to having a positive outlook and attitude,” while another respondent said the mindfulness survey was their favorite because “I thought I was pretty mindful until I took this survey, so it was eye opening.” Another respondent “liked how the mindfulness videos rounded the course off,” while another appreciated the information provided about local course offerings on mindfulness. Another respondent said “I was already familiar with burnout and self-care, but the mindfulness was a new way of self-care for me. I enjoyed the YouTube links for guided meditation.” The final respondent said it was a “pleasant reminder of something I need to make time for.” Two respondents said (1) “all three have practical application for nurses,” and (2) they liked “all of it!” Another respondent said the ProQOL was their favorite because it “made [them] really think.”

Four survey respondents said that the mindfulness module was their least favorite because (1) “it is an area I need to work on, but only one part of self-care,” (2) “I think it may be a little more zen than I am accustomed to,” (3) the “survey was confusing,” and (4) I “wanted to poke my eyes out. It was incredibly boring and a waste of my time.” Another respondent admitted to not doing the compassion fatigue or compassion satisfaction journaling because he/she “have a hard time thinking of specific incidents

like that. Recalling situations like that are always challenging.” One respondent said the health promotion was the least favorite because it “hit too close to home as I am working on increasing exercise, trying to lose weight!” Another respondent said that the burnout module was the least favorite because he/she was well aware of this already. Two respondents said that (1) the “formatting of Blackboard [made] it difficult to print off portions,” and (2) “not [being] able to take the self-assessments on-line” were their least favorite. Three respondents said they did not have a least favorite module/learning activity because (1) “they all provided information about preventing stress and burnout in a highly prone field” and (2) “it was all enjoyable,” while another said (3) “none.”

Additional comments/suggestions included (1) “Great project,” (2) “Great work!” (3) “Thank you for bringing attention to these subjects,” (4) “Excellent information to convey to both new and experienced nurses,” (5) “Great course! Thank you for offering it!” (6) “I would love to see this printed as a whole and offered with [continuing education],” (7) it “should be required as intro to graduate [nursing] program,” and (8) “would be nice to have continuing education credits available.”

Additional feedback was received via email directly to the project director, project chair, and committee member. One email said the “sign-up was a very difficult process for me, so I’m sure it will be for others. My thoughts are that the frustration will surely limit participation.” Another email said, “Speaking from experience... you are spot on!! The whole concept makes perfect sense to me now, but would have been super helpful earlier in my career. I am hopeful that your efforts will be utilized by new nurses to enhance their experiences in medicine throughout the many years ahead of them.”

Another email asked if the course would be offered officially at some point and include a complete booklet. This nurse forwarded the course offering to her Chief Nursing Officer (CNO) because she felt that “what you have to offer is of great value.” Another email was received asking for specific slides from the self-care PowerPoint presentation, so they could be printed and posted on an office door. This email also said, “You did such a wonderful job on this project! You have included so much information and presented it clearly and thoroughly.”

Project Outcomes

The anticipated outcome of this project was to provide a learning opportunity for nursing students and practicing nurses, to promote career resiliency and prevent the negative aspects of caring for others. This was encouraged through awareness, self-care practices, and instruction on mindfulness. The usability of the content and relevance to practice was established by the use of post-completion survey responses.

Discussion

Overall, there was a positive response toward the curriculum. One hundred percent of survey respondents at least somewhat agreed that the curriculum provided relevant information, that the objectives were clearly met, and the subject matter had practical application. One survey respondent disagreed that he/she would recommend the curriculum to others, and that there was satisfaction with the curriculum, while the rest at least somewhat agreed. In the future, the course could be modified based on the feedback received in the post-completion surveys.

There were some helpful comments that could be taken into consideration for improving the curriculum. The PowerPoint presentations could be modified to allow for

greater ease of use for saving and printing the material. The course could also be accompanied by written material. It may be possible to format the self-assessments for users to take them on the computer and have the scoring performed automatically. Offering continuing education (CEs) and improving the sign-up process could also improve participation in the future. It would also have been helpful to know why some participants registered for the course, but then did not take the post-completion survey. It would also have been helpful to know how much time users spent taking the course.

The strengths of this project are mainly due to the succinct and distinctive nature of an online curriculum and a heterogeneous sample. The literature does demonstrate a couple self-care courses for nurses, such as one offered at Florida State University (Blum, 2014) and a variety of videos and presentations on the Internet, some of which were featured in the curriculum; however, to the principal director's knowledge, there is no other source that includes a combination of professional quality of life, self-care, and mindfulness practice in a single, online source. The post-completion survey respondents included a heterogeneous sample of graduate nursing students, practicing nurses, and APRNs with a wide range of years of experience and education levels.

The limitations are mainly due to a relatively small sample size and the lack of reliability and validity testing. The post-completion survey did ask questions about usability and face validity, however, reliability and other types of validity were not studied. Experts for content validity did not review the modules. It is also a limitation that over twice as many people registered for the course than actually took the post-completion survey.

Another limitation could be a sample bias. It is possible that the participants who chose to respond to the post-completion survey were already interested in the subject material. It is also possible that people with a personal affiliation to the principal director and/or UAA SON participated in the post-completion survey, which may have contributed to some bias. Another potential limitation is that nurses working overtime and therefore more prone to compassion fatigue and burnout, may not have had time to complete the course.

Dissemination

The online curriculum has been provided to the UAA SON, while the project director maintains intellectual property rights to the curriculum content. A poster presentation using some of the content from the curriculum was presented at the Alaska Nurse Practitioner Association annual conference in September 2015. The poster will also be available to have on display at the Health Sciences Building at UAA. An article entitled “Professional Quality of Life in Nurses” written by the project director was published in the February/March 2016 edition of *The Alaska Nurse* journal. The course will also continue to be available on the Alaska Nurses Association website as an educational offering. The UAA SON faculty have been made aware of the online curriculum and are encouraged to use the content in their graduate and undergraduate nursing curriculum.

Recommendations for Future Study

The survey results showed that the respondents are interested in the topics presented in the online curriculum and feel they are important for nursing practice. Hospitals and businesses that employ nurses could consider implementing strategies such

as this course to decrease the risk of burnout and compassion fatigue. Nursing schools could consider offering course content on compassion satisfaction, compassion fatigue, and burnout, so new nurses are equipped with tools to prevent the negative aspects of caring for people.

Future studies could include a pre-test/post-test design to measure reliability and validity for the course content itself. The three self-assessments could also be used to measure the effectiveness of the curriculum over time with a longitudinal study design. Nursing students might also be assessed for different learning needs than practicing nurses. It would also be helpful to know why some participants registered for the course, but then did not take the post-completion survey.

More research is needed to determine the best methods to prevent and treat compassion fatigue and burnout in nurses. While the literature shows that self-care and mindfulness practices are effective in ameliorating some of the negative aspects of caring for people, the literature is not specific on the quantity or quality. Future research could be directed at specific interventions that could be effective for healthcare organizations and nursing schools to employ for their employees and students.

Significance to Nursing

Nursing is a profession based on compassion and bearing witness to human suffering. The desire and ability to care for others is often what calls nurses to do this rewarding work, however, it can also cause suffering in nurses' personal lives if they care for people at the expense of their own wellness. In fact, the more empathetic and compassionate nurses are toward others, the greater the risk for experiencing the negative effects.

With an aging patient population, increasing size of the US population, a predominately older nursing workforce, increasing patient acuity, and healthcare reform, more and more demands are being placed on healthcare professionals. Despite implications at the personal, professional, and larger healthcare system level, little effort is being directed toward mitigating the negative effects of caring for others. The efficacy of self-care and mindfulness practices is promising, yet succinct tools are not readily available or presented as a part of nursing curriculum.

In order to maintain the joy and excitement for the calling, nurses need to care for themselves first and foremost. Practicing self-care and mindfulness can enhance nurses' ability to care for patients. It is essential for nurses and all healthcare professionals to develop awareness and find balance between the risks and rewards inherent in a profession based on caring. Caring is a commodity and renewable resource in nursing that must not become depleted. Otherwise, compassionate care can become dispassionate care.

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Appendix A

IRB Exempt Approval



Research &
Graduate Studies
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DATE: February 3, 2016

TO: Kari Green
FROM: University of Alaska Anchorage IRB

PROJECT TITLE: [829872-4] Professional Quality of Life in Nurses: An Online Curriculum
SUBMISSION TYPE: Amendment/Modification

ACTION: EXEMPT APPROVAL
DECISION DATE: February 3, 2016

This letter is in response to your request for Institutional Review Board (IRB) approval of minor modifications to your currently approved proposal. Your request is hereby granted.

On behalf of the entire Board, I wish you continued success with your study.

A handwritten signature in dark ink, appearing to read 'Sharielyn Mumaw', is written over a light green curved line that spans the width of the page.

Sharielyn Mumaw, M.P.A.

Research Integrity & Compliance Officer

Appendix B

Informed Consent

My name is Kari Green. I am in a Family Nurse Practitioner program at the University of Alaska, Anchorage. The purpose of my Master's degree scholarly project is to create an online course to foster professional quality of life in nurses, based on current literature.

Undergraduate and graduate nursing students, LPN's, RN's, and APRN's are invited to participate. You must be over the age of 18 and able to read and write English. The course is independent study and self-paced and will take one to several hours of your time.

All participants will be asked to complete a post completion survey, which will take 5-10 minutes of your time. The survey will ask demographic information and for feedback on the course itself.

Your participation in this course and survey does not pose any risk to you. Possible benefits include increased awareness, self-knowledge, and tools that may improve your professional practice and life. There are no monetary or tangible benefits to participating. The course and survey is completely voluntary, and you may stop at any time without penalty.

There will be no identifying information collected. The survey will be hosted by Qualtrics and involves a secure connection. Their privacy statement may be viewed at: <http://www.qualtrics.com/privacy-statement/>.

If you have any questions, feel free to contact me, Kari Green, at klgreen2@alaska.edu or 907-315-9963, or my project chair, Dr. Lisa Jackson, at lmjackson2@uaa.alaska.edu or 907-786-4590. If you have any questions about your rights as a participant, please contact the Research Integrity and Compliance office at 907-786-1099.

By clicking "self-enroll" or "click to confirm and register," you are agreeing to participate in this course and take the post-evaluation survey. If you do not agree, you may exit now without any penalty.

Appendix C

Post-implementation Survey

Which best describes your current nursing position?

- Undergraduate Nursing Student
- Graduate Nursing Student
- Licensed Practical Nurse
- Registered Nurse
- Advanced Practice Registered Nurse

How long have you been employed/enrolled in this position?

- Less than 2 years
- 2-5 years
- 6-10 years
- 11-20 years
- 21-30 years
- more than 30 years

What is your highest level of education obtained?

- High School Diploma
- Nursing Diploma
- Associate's
- Bachelor's
- Master's
- Doctorate

The curriculum provided relevant information.

- Strongly Agree
- Agree
- Somewhat Agree
- Disagree
- Strongly Disagree

The objectives were clearly met.

- Strongly Agree
- Agree
- Somewhat Agree
- Disagree
- Strongly Disagree

The subject matter has practical application for me.

- Strongly Agree
- Agree
- Somewhat Agree
- Disagree

Strongly Disagree

I will recommend this curriculum to others.

Strongly Agree

Agree

Somewhat Agree

Disagree

Strongly Disagree

Overall, I was satisfied with the curriculum.

Strongly Agree

Agree

Somewhat Agree

Disagree

Strongly Disagree

Which was your favorite module/learning activity and why?

Which was your least favorite module/learning activity and why?

Any additional comments/suggestions?