MESSAGE from the PRESIDENT

Healthy Nurse Healthy Nation – Your Voice, Your Choice, Your Call!

Jennifer Embree, DNP, RN NE-BC, CCNS

Thank you for electing me as your ISNA President for 2017-2019. It has been a pleasure to serve Indiana Nurses and it is a pleasure to serve you in this role. In my opinion, it has never been a better time to be a nurse. Professionally and personally, I have never felt more valued or needed. As nurses, we continue to face opportunities. Our talents are needed at every turn. Upon a recent trip to Ireland, I found traffic roundabouts sending us in a different direction than we were used to going. With dyslexia, I struggle with roundabouts in the United States. Fortunately, I was not driving in Ireland, so I did not put others at risk with my driving.

Even though I was a passenger on the road trip, I had a voice and I had choices. I chose to ride in the back seat. I chose to speak up when I was not comfortable. I spoke up when the road was too narrow and when I was not about to lean over a cliff to get a great picture where someone before us had lost their life. I also chose to discourage my friends from taking risks on cliffs!

When I am driving, I make different choices. I am in charge. I choose where I drive and how I drive. I choose to drive the speed limit because I have driven too fast and have suffered the consequences. I used to speed. When I first obtained my Indiana Nurse License plate, I was stopped for speeding. Yes, I earned a ticket. After attending a defensive driver course twice; I learned that I have an impulse problem. I believed that I truly had a problem after that second course! Those lessons taught me more about my behavior than just about my driving habits.

As a nurse, I have a voice and I make choices. Along with my voice, I must have a filter on my thoughts, words, and intentions because I can damage others if I am not careful with my words. With my choices, I have to be thoughtful, intentional, and careful. Since I know that I can be impulsive, I have to understand the consequences of my actions. If I do not make healthy choices, I suffer the consequences of poor work-life balance, nutrition, and exercise habits.

As the American Nurses Association rolled out Healthy Nurse, Healthy Nation, I had a choice to get involved. I chose to get involved, I signed up! You can go to http://www.nursingworld.org/HealthyNurse-HealthyNation and sign up.

I make better choices than when I chose to speed. I will not be trying to prove that I can run or walk in a marathon. You may want to choose a marathon. I am thankful that I am able to walk relatively pain-free. What I have done, however, is to make better food choices, exercise decisions, and work-life balance decisions. I continue to use my voice to encourage others to make better decisions. I also continue to support others. I speak up for others and I mentor others. I also choose to treat people well and try to lift them up.

When opportunity knocks on your door, it is your call whether you choose to get involved and respond or remain quiet. I am knocking at your door. It is your choice to answer the call – be a part of the Indiana State Nurses Association https://www.indiananurses.org/. Be a role model for others and join ANA’s Healthy Nurse-Healthy Nation.

Healthy Nurse Healthy Nation – Your Voice, Your Choice, Your Call!

DON'T MISS OUT ON RESEARCH GRANTS!

This year, the foundation will be awarding TWO $2,500 Research Grants to Indiana nurses or nursing students.

The deadline for submitting applications is January 31st of 2018.

Research Grants will be awarded at the Indiana Nurses Foundation Award Luncheon Friday, April 20, 2018 - Noon to 2:00 pm
The Country Club of Indianapolis, Indianapolis, IN.

Supporting sound research projects conducted by Registered Nurses in Indiana.
I recently obtained my Holistic Nursing Certification, and I will share with you how having this certification has opened new and exciting opportunities:

In nursing school, we learn about anatomy, physiology, theory and diseases of the mind and body. For almost 30 years, I’ve cared for people with multiple illnesses/diseases and often wondered why we seemed to only treat that specific area of concern. The patient is more than ‘the chest pain in room 3’ or ‘the ankle injury in room 5’. That honestly always bothered me because they are not an illness or an injury; they are a person……. a whole person!

As a community nurse at my local hospital, we are currently concentrating on 3 areas; obesity, tobacco use and drug use. As far as obesity, many people think we can just educate the public on the importance of eating more fruits and vegetables, and that alone will help decrease obesity. As I pondered on that theory, I knew that this wasn’t enough. We need to look at the entire person as a physical, mental and spiritual being. Maybe, just maybe, people become obese not just by eating too much. Let’s look at WHY they eat. Is food their drug of choice? Are they depressed and food is their go-to need to look at the entire person as a physical, physiology, theory and diseases of the mind and body. For almost 30 years, I’ve cared for people with multiple illnesses/diseases and often wondered why we seemed to only treat that specific area of concern. The patient is more than ‘the chest pain in room 3’ or ‘the ankle injury in room 5’. That honestly always bothered me because they are not an illness or an injury; they are a person……. a whole person!

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When I started looking into certifications and discovered Holistic Nursing, the room I was in became brighter! FINALLY, I found people who thought of patients as more than just a diagnosis and that giving them a ‘pill for every ill’ isn’t necessarily the best long-term fix! I knew at that time, I wanted to become certified as a Holistic Nurse. Since I obtained my certification I have scheduled presentations for the community on Holistic Self-care, become active in the Holistic Nursing Presentation group and the Holistic Research group. I also utilize this knowledge with every program I am involved in.

One of the most rewarding programs I am involved in as a community nurse is facilitating the Freedom From Smoking class. Since smoking cessation and tobacco education is one of my passions, I decided to utilize my holistic certification and initiate a research study on essential oils and smoking cessation. I have already done a literature review and been in contact with our research nurse director who is extremely supportive in assisting me with this project. There is not much out there in terms of research on the use of essential oils with smoking. I am hoping to shed some new light on this topic and am excited to find out more.

Lesha’s experience as a certified nurse continues to benefit her clients and advance her practice. Her certification is important in her career and her life. Now, it is your opportunity to seek the excellence that certification will provide in your practice!

Do you want to share your certification story with your colleagues? It may encourage them to join you! Please contact me at SueJohnson126@comcast.net to share your experiences!
Indiana State Nurses Association (ISNA) Elects a New Board of Directors

September was a big month for ISNA. ISNA hosted our annual convention in Kokomo on September 22nd. ISNA’s theme for the year has been Healthy Nurse, Healthy Nation and the convention continued to explore the theme. Approximately 200 nurses and nursing students attended the convention. Lots of networking, education, and fun was available to all. ISNA’s officers were also installed at the convention. Jeni Embree was elected and received the Presidential gavel to lead the new Board of Directors from Diana Sullivan who served the Association as President for the past two years. In the past two years the association’s membership has grown 23% which is a great accomplishment. The voice of ISNA was expanded by its growth. ISNA works every day for the Registered Nurses of Indiana.

ISNA is the Nursing Association that is protecting every RN’s license be they in traditional practice, non-traditional practice, education or advance practice. Do you belong? If not, why not? The price of membership is just $15.00 per month. Now is the time to join and make a difference for your profession. ISNA is waiting for you and your expertise. Join Now.

Jennifer Embree, DNP, RN NE-BC, CCNS, of Campbellsburg, was elected President and ANA Delegate. Jeni has served on the ISNA Board previously for 4 years as President. Jeni is a nurse educator and magnet coordinator at Indiana University and Eskenazi Health.

Emily Sego, DNP, RN, NEA-BC, LSSBB, of Greenfield was elected as Vice President. She is new to the board this year. She currently is the Director of Clinical Management, Cardiovascular Service Line at St. Vincent Hospital.

Barbara Kelly of Martinsville was elected as Treasurer. She is an assistant professor, clinical coordinator, Graduate Nursing.

Leah Scalf of Indianapolis was elected to Secretary and is new to the board this year. She is a Patient Nurse Navigator for Franciscan Health Central Indiana Division.

Returning to our board as directors are: Denise Monahan of Speedway, Amy Pettit of Seymour, and Audrey Hopper of Zionsville and our new director, Angela Mamat, Evansville. We have a new Recent Graduate Director, Lauren Wright, Lauren graduated in May from Indiana University School of Nursing.

The nominating committee was elected, too. Angela Heckman will be the chair and the members of the committee will be Meredith Addison, Sandy Fights, Michael Fights and Diana Sullivan.

Our ANA Delegates were elected: Diana Sullivan, and Sandy Fights. The alternates are Gingy Harshey-Meade, Michael Fights and Linda Shinn.
I hope you voted. I hope you share your wisdom and expertise with your elected officials. I hope you are a change leader within your organization. I was asked recently about measuring civic engagement. It struck me how many opportunities there are to be involved in some way, as well as how few people take advantage of those opportunities. You have value to contribute to policy-making.

**Interim Study Committees**

The final reports for the 2017 Indiana Interim Study Committees are being released. Some of these contain preliminary drafts of legislation we are likely to see introduced in the 2018 Indiana General Assembly session, which begins in January.

On August 23rd, the Interim Study Committee on Public Health, Behavioral Health, and Human Services heard testimony on diabetes. The Indiana State Department of Health touted the outreach efforts of their community health centers, but also indicated there is no good state-level incidence data for diabetes, only hospital admissions and ER visits. Data was shared that indicators for diabetes (mainly obesity) are more prevalent among minorities in Indiana. Employers spend four times more on health benefits for employees with diabetes. Jasmine Gonzalvo, a pharmacist with Eskenazi, and nurse practitioner Angi Thompson each discussed current regulatory barriers regarding Diabetes Self Management Education (DSME), which is only utilized by 4% of patients. Solutions include: (1) make DSME a wellness benefit to eliminate the co-pay, (2) increase the number of hours reimbursable under Medicaid from 4 per year to 10, which is the allowable amount for Medicare, and (3) eliminate any physician referral requirement.

On September 28th, the Committee heard four hours of testimony on Indiana’s health care provider shortage and the INSPECT program. The video recording is available in the Video Archive on www.iga.in.gov. I testified on behalf of ISNA (3:42:55) regarding the nursing workforce and pipeline, making two recommendations to the legislators: (1) support nurse faculty and (2) remove practice barriers for APNs. I provided a handout to the committee providing nurse workforce data and describing New York’s Nurse Faculty Loan Forgiveness Program. The APN practice barrier issue was also addressed by Cathy Cooper on behalf of the Coalition of Advanced Practice Nurses of Indiana (3:48:45) and Jim Eads on behalf of the Indiana Association of Nurse Anesthetists (3:37:00). Additional testimony on the health care provider shortage came from long term care stakeholders, who indicated that over-regulation and facility over-saturation are dramatically straining staffing. The Indiana State Medical Association (2:38:25) criticized nurse practitioner education variance and insisted healthcare be delivered by a physician-led team before asking for student loan debt relief.

On the subject of INSPECT, the Professional Licensing Agency (PLA) touted their integration initiative to put INSPECT access into EHR systems at no cost to providers. According to PLA, only 43% of physicians with a controlled substance registration are signed up with INSPECT. The Indiana Office of Attorney General wants to build in automated exception reports when prescribing deviates from

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That research paper isn’t going to write itself.
The definition of health has an assortment of meanings to a variety of different people. Some of my friends’ definition of health is eating lots of fruits and vegetables, others I know believe that health is exercising daily, and according to my mom the definition of health is yoga and a glass of wine. We all have ideas of what we think is best for our body and mind. We often look to others for inspiration or to keep up on the latest food diet. I love scrounging through Instagram on the regular, looking for new workout tips and healthy recipes. Here I seem to compare my self to picturesque women, trying to mimic their “secrets” that they share through a few hundred filtered photos. But I realize I shouldn’t compare our differences; I should utilize their love of fitness to inspire me to become a healthier me, striving to not only look better, but feel better about myself too.

I love health and fitness; I would say I love to eat healthy, but if I am being honest I can’t say no to fresh brownies from grandma, or the Long’s Donuts that a patient’s family member brought to the floor to say thank you. Sweets are my kryptonite, which is why I always make time for an hour of cardio everyday. So, I make it to the gym by 0515 every morning before I leave for work, I then run on a cardiac floor and love to strengthen my heart before taking care of someone else’s. Some of my coworkers think I’m crazy, but it’s what I love to do and how I encompass my definition of healthy.

So, before you compare yourself to me, don’t. Just ask yourself, what’s my definition of healthy?

Healthy HotShot
I’m Kara and I will be writing a fun little article about different topics concerning health and fitness. I will also be featuring a new person every quarter. Email me at kitkathyh@bcglobal.net if interested. Send a selfie and a little bit about yourself and what inspires you to live a healthy lifestyle!

• Nursing school: Marian University
• Graduated: August 2017
• Random Fact: Half Ironman triathlete (70.3) and have finished 5 races in the past 3 years.
• Best time: 5 hours and 38 minutes
• Goal: Race a Half Ironman on every continent
• Favorite Hobby: karaoke
• Favorite Dessert: Brownies with fudge and ice cream

Why I Exercise: I love to eat all the desserts. Also, I like keeping track of my heart rate on my fitbit blaze. It’s really inspiring to see how my heart has become stronger over the years!

INF UPDATE

Beads & Bucks

The past few months have seen a flurry of activity in Congress debating health care. Proposals to modify the Affordable Care Act, stabilize insurance markets, alter coverage regulations, and renew funding for the Children’s Health Insurance Program (CHIP) and the Supplemental Nutrition Assistance Program (SNAP) have been up for discussion. The American Nurses Association is working with other stakeholders and legislators to get state support for nursing faculty. You may remember that Indiana used to have a needs-based undergraduate nursing scholarship. This was eliminated in 2013 by the Indiana General Assembly at the recommendation of the commission for Higher Education, because (1) Indiana nursing schools were operating at capacity with waiting lists, and (2) less than 100% of the assigned funds were utilized. Getting a new nursing initiative goes beyond just increasing areas of need in our nursing workforce pipeline, and one of the primary bottlenecks in our nursing workforce pipeline is a shortage of faculty. In September, I attended the 26th, which was after my due date for this article.

New ISNA Membership Perk
ISNA is always striving to increase the value of your membership. Toward that end, ISNA has partnered with Henn Haworth Cummings + Page (HHCP) Law to offer discounted legal services to ISNA members. HHCP is a general practice firm providing a variety of legal services from family law to estate planning. If you are interested, you can contact their office at 317-885-0041 or email tiffany.hanson@hhcfirm.com with any questions or service requests.

Federal Health Care Reform
The past few months have seen a flurry of activity in Congress debating health care. Proposals to modify the Affordable Care Act, stabilize insurance markets, alter coverage regulations, and renew funding for the Children’s Health Insurance Program (CHIP) and the Supplemental Nutrition Assistance Program (SNAP) have been up for discussion. The American Nurses Association runs a blog called Capitol Beat at anacapitolbeat.org, and I encourage you to check it out regularly. I also encourage you to visit the ISNA website, INF Donations or call ISNA (317-299-4575) for more information on how to become a benefactor who is interested in supporting nursing research in Indiana, please direct them to the ISNA website, INF Update, or to speak with an ISNA official to make arrangements for receiving funds.

What’s Next
Your next Policy Primer will head your way in the February edition of the Bulletin. A lot is going to happen between now and then. ISNA will be announcing our annual Policy Conference. The 2018 Indiana General Assembly session will start the first week of January and be almost half over by the time the next Bulletin arrives. The best way to stay informed is to be a member of the Indiana State Nurses Association, because then you will receive our weekly e-newsletter, the ISNAbler. Membership information is available at www.indiananurses.org by clicking the Join/Renew button at the top of the page. You can also follow ISNA on Twitter (@IndianaNurses), like us on Facebook, and check the News and Events headings on our website for updates.

INF UPDATE

Beads & Bucks

Seven Finalists: Meredith Addison, Linda Webb, Jeni Embree, Ella Harmeyer, Terri Moore, Diana Sullivan and Katie Bailey

Michael Fights RN, MBA, MSN
INF President

During the ISNA annual convention held in Kokomo, the Celebrations, the Indiana Nurses Foundation (INF) held a fundraiser: The Bead Game. For those that attended and participated, it was a fun filled spectacle. Strands of beads were sold ($2 per strand) prior to the event. Half of the money, $470.00, went to the winner of the game, who donated her winnings back to the Foundation. The rest of the proceeds went directly to the INF to support nursing research in our state. For those nurses who conduct or want to conduct nursing research and want to be considered to receive a research grant, please go to here on the ISNA website (www.indiananurses.org). About Us > Indiana Nurses Foundation and fill out the application: Research Grant Criteria and Application.

If you want to contribute to the foundation or know a benefactor who is interested in supporting nursing research in Indiana, please direct them to the ISNA website, INF Donations or call ISNA (317-299-4575) to speak with an ISNA official to make arrangements for receiving funds.

Thank you to everyone who participated in the Bead Game and to past and present benefactors that have generously and faithfully supported nursing activities in Indiana.
Thank you to all the nurses and students who attended the 2017 ISNA Convention in September! The event continues to demonstrate improved attendance. Congratulations to our newly elected officers and committee members:

Board of Directors:
- Jeni Embree - President
- Emily Sego - Vice President
- Leah Scalf - Secretary
- Barb Kelly - Treasurer
- Amy Pettit
- Audrey Hopper
- Angela Mamat
- Denise Monahan
- Lauren Wright - Recent graduate

Nominating Committee
- Angela Heckman - Chair
- Meredith Addison
- Sandy Fights
- Mike Fights
- Diana Sullivan

ANA Delegates: Diana Sullivan, Sandy Fights
Alternates: Gingy Harshey-Meade, Mike Fights, Linda Shinn

We had great presentations on how nurses can be healthier. Special thanks to our keynote speakers, ANA Executive Director Debbie Hatmaker, PhD, RN, FAAN, and Larry Slater, PhD, RN-BC-CNE, who took a bit of ISNA back with him to the Big Apple!

We are also very grateful for our abstract podium presenters: Terri & Robert Bogue, Kathy Hendershot, Scott Hilliard, and Brian Arwood, as well as our poster presentation by Pollye Warnser.

Finally, our biennial awards were redone this year by the ISNA Board of Directors to align the awards with the four pillars of our organization: leadership, professionalism, advocacy, and unity. Here are the award-winners, pictured with outgoing ISNA President Diana Sullivan:

Distinguished Nurse Leadership Award – Jane Kirkpatrick

Dr. Kirkpatrick’s dedication to the profession of nursing has advanced the scope and practice of nursing. For the past nine years, Kirkpatrick has been the Head of the Purdue University School of Nursing. She has built a culture of educational innovation embracing the best of nursing practice, education, and research. Under her leadership, faculty developed award-winning curricula to prepare BSN, MS and DNP graduates to lead healthcare quality improvement. These advances have been recognized nationally. In 2015, the American Association of Critical-Care Nurses awarded the School of Nursing their Innovations in Professional Nursing Award. In 2017,
the School was recognized as a National League for Nursing Center of Excellence in the area of Enhancing Student Learning and Professional Development. For these reasons and many more we are pleased to award the first Distinguished Nurse Leadership Award to Jane Kirkpatrick.

Nursing Professional and Practice Award – Kimberly Harper

Kimberly Harper is known nationally, for her strategic skill set in mentoring, motivating, recruiting, and inspiring nurses. There is no place that has benefited more from her leadership than the nurses in our own state of Indiana. She is the current (and founding) CEO of the Indiana Center for Nursing where she leads and coordinates nurse executives from health care delivery systems and academic nursing programs from across the state. As such, she supplies a critical connection between academics and practice with the finesse and grace of a seasoned, yet unique leader. One of her major responsibilities is to unite those partnerships to have one voice and thus, ensure that Indiana has the highest qualified nursing workforce.

Her passion is evident in her relationships, and she uses her wonderful sense of humor when the going gets tough. She brings a wealth of national attention to the professional practice of Nursing in Indiana through her work with Nurses on Boards Coalition, where she serves as the Co-Chair of the National Board of Directors. For these reasons and more Kim Harper is this year’s recipient of the Nursing Professional and Practice Award.

Public Policy and Advocacy Award – Sharron Crowder

One student wrote: during my time as a doctoral student, I was given the chance to attend the American Association of Colleges of Nursing (AACN) student policy summit where I learned how to engage in discussions with my legislators. Following this opportunity, I was then selected to be a Legislative Fellow with Representative Clere at the Indiana Statehouse. This taught me about the value of influence, relationships, and strategy on facilitating policy change. As a result, I now feel empowered to serve my patients, profession, and community as a nurse leader. These experiences would not have been possible without the passion and dedication of my mentor, Dr. Sharron Crowder.

Dr. Crowder goes above and beyond to ensure students have ample experiential learning opportunities and continuously advocates for funding to sustain these opportunities. Her drive to improve health policy education through mentorship is a true example of academic excellence. This tribute is one of many. For these reasons and many more Sharon Crowder is the winner of the Public Policy and Advocacy Award.

President’s Award – Jennifer Embree

The President’s award is not given by committee, but bestowed by ISNA’s President on the individual that helped the President be successful. Jeni’s experience and enthusiasm have been invaluable to the Indiana State Nurses Association. She is a renowned educator and speaker on civility and finding passion in your profession. ISNA is very fortunate to be entering another term under her leadership.

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Karen Bertram
Jennifer Blank
Jo Bond
Susan Bonneterre
Diana Braun
Cynthia Bruce
Todine Burns
Samantha Cacers
Sara Carver
Cynthia Carlin
Rebecca Carver
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Marcia Castillo
Kimberly Chew
Patricia Coldiron
Matthew Connor
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We encourage each and every one of you, over 3 million strong, to visit www.nursesonboardscoalition.org, sign up to be counted if you are on a board and read more about the efforts being made to help build the future of our profession.

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STUDY

The phone rang at 6:30 that morning. It was the nurse calling to say she would not be able to be at work that morning because she didn’t have any gas in her car. In fact, she wouldn’t be there at all. Now what was I to do? My eight-year-old daughter who was at pre-school was distraught. The solution was a friend who offered to take her. I couldn’t take another day off from work and expect to continue to have that job. All I could do was sit in the middle of my floor and cry uncontrollably. Eight years of multiple home fires, car accidents, and other disasters, as well as the day-to-day care giving expectations, had taken their toll on my coping skills. I was tired. I was done, but I couldn’t take the day off.

This scenario and others like it are played out daily by nurses. The American Nurses Association (Lanier, 2013). The idea that nurses and other professional caregivers are susceptible to what has come to be known as “compassion fatigue” has received widespread acceptance; however, the long-term effect of CF on non-professional caregivers has received far less focus. As more and more emphasis is placed on helping societies (Agnes, 2006), a preferred location for meeting health care needs, the stress experienced by the non-professional caregivers will take on even greater significance. The purpose of this study is to define CF, distinguish it from burnout, and identify strategies for ameliorating its symptoms. Secondly, the study will explore the role of nurses dealing with non-professional individuals who care for loved ones over a prolonged period and who are experiencing CF. Finally, the study will look at the implications of CF relative to the health care delivery system.

Compassion Fatigue vs. Burnout

Caring is a cornerstone of nursing. Eric Gentry, a leading traumatologist, has suggested that “people who are attracted to care giving often enter the field already compassion fatigue. They come from a tradition where they are taught to care for the needs of others before caring for themselves” (Smith, 2013c, p. 11). With that idea in mind, it should not be surprising that something called “CF” might be experienced prevalent among nurses and others in the helping professions.

Webster defined the compassion that goes hand-in-hand with caring as “sorrow for the sufferings or trouble of another or others, accompanied by an urge to help or do something” (Agnes, 2006, p. 219). Compassion is the therapeutic alliance between the patient and the nurse to achieve the desired outcome (Figley, 2014). Despite the importance of compassion to effective nursing practice, it can become a deterrent to good care when it overwhelms the nurse’s ability to function effectively in a professional caregiver capacity.

The term “CF” was first used in 1992 by Joinson, a nurse, to describe a syndrome that occurred when nurses were caring for a patient facing life-altering or life-threatening changes as a result of an illness or accident. She identified CF as a unique form of burnout that affects individuals in caregiving roles (Lanier & Eyre, 2011). As more attention was focused on the concepts embodied in that early description, experts began to distinguish burnout from compassion fatigue and vicarious trauma of secondary trauma stress. The latter now refers to traumatic stress reactions that may be experienced by becoming less empathetic and more withdrawn.

Compassion Fatigue

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Reduced personal achievement

Response to work situation

Evokes gradually when differences between the expectations of the individual and the organization are in conflict

These experiencing CF give from a state of depletion. They never fill themselves because they have never accepted that sustainable self-care is an essential ingredient in the giving equation.

Identifying Compassion Fatigue

According to Michael Kearney, MD, lead author of a report on CF published in the Journal of the American Medical Association, approximately 6-8% of nurses and physicians experience CF (Kearney, et al., 2009). The number of non-professional caregivers who experience the condition is not known, however the lack of hard data should not be interpreted as an indication that the problem is confined to professionals. Rather, it

Running on Empty: Compassion Fatigue in Nurses and Non-Professional Caregivers

Nurses experiencing burnout are at greater risk for CF. It should be noted that nurses must possess compassion to experience the fatigue of it. In contrast, a lack of energy but also enthusiasm for their work.

Compassion fatigue is the physical, emotional, and spiritual result of chronic self-sacrifice and/or prolonged exposure to difficult situations that renders a person unable to love, nurse, care for another without sacrificing oneself. The phenomenon is not confined to professionals. Rather, it is a chronic lack of self-care; unless nurses find ways to continuously renew themselves from the drain associated with their nursing practice, they may not only lose energy but also enthusiasm for their work.

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suggests that more attention should be given to the prevalence and risk of CF. The Compassion Fatigue Awareness Project (www.compassionfatigue.org) provides on its website two self-assessment tools, the Professional Quality of Life Scale (PROQOL) and the Life Stress Self-Test, that could be utilized as screening devices to determine whether CF may be causing symptoms and, if so, identify what are being exhibited either by a professional caregiver or by a non-professional one. By responding to the early signs one could prevent the loss of valuable human resource; the attendant costs associated with filling nursing staff vacancies. For the non-professional caregiver, it could mean the difference between continued employment or quitting at being and being forced to resort to a more formalized institutional setting—typically a costly and less desirable alternative.

Symptoms of Compassion Fatigue

(Lombardo & Eire, 2011, p. 3)

Dealing with Compassion Fatigue

(Lombardo & Eire, 2011)

There is a lot of extra trauma input outside of working with patients or families that are related to the trauma filter to protect yourself from extraneous material.

12. Exercise.

The Compassion Fatigue Awareness Project was established by Patricia Smith in response to the relatively common, widespread recognition of its prevalence or its devastating consequences was rare. Appropriate support systems and effective networks were in short supply. To serve as a resource for the entire gamut of CF sufferers, the web-based Project developed a series of materials it calls the “Ten Laws.” They highlight the various approaches needed to effectively deal with CF on various fronts.

The Ten Laws Governing Healthy Change

(Smith, 2013a)

1. Create systemic change as opposed to systematic change.
2. Understand the vision for change.
3. Stay focused.
4. Practice patience with others.
5. Ask the right questions.
6. Pay no attention to rumor or gossip.
7. Recognize when you need help and ask for it.
8. Collaborate with management.
9. Take time away to re-energize, when necessary.
10. Breathe deeply as often as possible.

The Ten Laws Governing Healthy Change

(Smith, 2013a)

1. Sustain your compassion.
2. Practice authentic, sustainable self-care daily.
3. Build a support system.
4. Create a work/life balance.
5. Apply empathic discernment.
6. Recognize the humor.
7. Learn to let go.
8. Acknowledge your successes.
9. Remain optimistic.
10. Elevate levels of compassion satisfaction.

Dealing with Compassion Fatigue

(Lombardo & Eire, 2011)

The ten self-care tips are by nature compassionate individuals; therefore, the thought of being unable to meet care giving expectations adds to their sense of continued responsibility and guilt. Accepting that these feelings are not a character flaw is essential if one is to halt the CF juggernaut and begin the healing process. Not surprisingly, self-awareness is the first step in combating the debilitation associated with CF. There is a lot of extra trauma input outside of working with patients or families that are related to the trauma filter to protect yourself from extraneous material.

What would you like to change? Can you talk about it with someone?

1. Take stock. What’s on your plate? List demands on your time and energy—family, work, and your co-caregivers’ needs. What stands out? What would you like to change? Can you talk about it with someone?

2. Start a self-care idea collection. Brainstorm ideas to reconnect with and meet care giving expectations adds to their sense of continued responsibility and guilt. Accepting that these feelings are not a character flaw is essential if one is to halt the CF juggernaut and begin the healing process. Not surprisingly, self-awareness is the first step in combating the debilitation associated with CF. There is a lot of extra trauma input outside of working with patients or families that are related to the trauma filter to protect yourself from extraneous material.

3. Find time for yourself every day. Rebalance your workload. Do you work through lunch and spend days off running errands? Try taking ten minute breaks to listen to music or simply do something that relaxes you.

4. Exercise.

5. Ask the right questions.

6. Pay no attention to rumor or gossip.

7. Recognize when you need help and ask for it.

8. Collaborate with management.

9. Take time away to re-energize, when necessary.

10. Breathe deeply as often as possible.

Independent Study continued on page 12

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The Ten Laws Governing Authentic, Sustainable Self Care (Smith, 2013a)

1. By validating ourselves, we promote acceptance.
2. By validating others, we elevate ourselves.
3. By meeting our own mental, physical, and spiritual needs, we provide care from a place of abundance, not scarcity.
4. By practicing self-goodwill, we manifest it throughout our lives.
5. By honoring past traumas and hurts, we allow our lives to become whole.
6. By naming and taking ownership of the care needs that limit our growth, we create authenticity.
7. By “doing the work,” we reclaim the personal power that is rightfully ours.
8. By defining our personal boundaries, we teach others how to respect us.
9. By creating a Personal Mission Statement, we define ourselves.
10. By managing our self-care, we welcome happiness into our lives.

The Ten Laws Governing a Healthy Workplace (Smith 2013a)

1. Employer provides debriefing for staff following any traumatic event.
2. Employer provides continuing education for staff.
3. Employer provides benefits to aid staff in meeting workloads.
4. Employer provides management and staff with tools to accomplish their tasks.
5. Employer directs management to monitor workloads.
6. Employee provides positive team-building activities to promote strong relationships between colleagues.
7. Employer encourages “open door” policies to promote good communication.
8. Employer translates the organization’s mission statement into action.
9. Employer provides management to empower staff.
10. Employer promotes transparency in all communications and dialogues.

Individuals serving in a care-giving capacity are frequently at risk for CF. It cannot be cured but the symptoms and manifestations can be managed. Many of the management strategies are targeted toward the professional caregiver. The non-professional caregivers typically have fewer options available to them. They cannot “change the nature of their work involvement” or go from full time to part time status. For that reason, it is important for nurses and others involved in caring for individuals with chronic conditions to promote good communication among the caregivers.

By definition, nursing practice encompasses more than direct hands-on care of the individual patient. Nurses also provide care to communities and groups. Indeed, the law regulating nursing practice (Chapter 4723 of the Ohio Revised Code) defines the practice of nursing as a registered nurse as “providing to individuals and groups nursing care requiring application of basic knowledge of the biological, physical, behavioral, social, and nursing sciences...” (Section 4723.01 (F) ORC emphasis added).

In other words, the entire family unit may be the recipient of a nurse’s care and expertise. The concept of “holism” is reflected in these definitions. Holistic nursing means caring for the physical, emotional, psychological, social, family, and spiritual needs of the environment to achieve the optimal health outcomes for all.

By applying the principles embodied in holistic care when a family member or loved one is serving as the primary caregiver means the nurse, who may only be intermittently involved with the patient, must be alert to the likelihood of CF within the family unit. Indeed, CF is the largest group of genetic diseases at risk for CF and the most difficult to identify and treat because of their personal, emotional connection to the patient.

While the term “CF” is becoming more commonplace among professional caregivers, it is less frequently recognized per se in the non-professional realm. These caregivers manifest the same signs and symptoms, but no one has put the “CF” label on what they are experiencing. Providing the “diagnosis” is reassuring and helps the caregiver realize that her symptoms and her symptoms are not unusual nor are they a character flaw. Putting a name on the feelings helps start the process needed to manage the emotional and physical reactions the caregiver is experiencing.

A nurse should consider asking the family member caregiver to complete a self-assessment tool (such as the Professional Quality of Life Scale (PROQOL)) and provide a list of resources and other information the caregiver could use should CF be an issue. Ideally, this should be a routine component of the plan of care. A nurse develops whenever care needs will be met for a prolonged period of time by family members or loved ones.

In addition to proactively anticipating CF, a nurse should also guard against unwittingly adding to the stress that contributes to CF. When a nurse is caring for a patient in a home health environment he/she should be aware of the ramifications that accompany failure to keep a commitment or visit as scheduled. Family members may have been counting on that time as an opportunity to get away, even briefly, to engage in self-care. The loss of the promised respite can be as devastating as the actual additional care demands that may result. As a next step, the nurse must consider the impact of the nurse. Nurses should be sensitive to the important role they play in meeting these needs. When that insight is lost or ignored, the implications for the family member can be excruciating and ultimately affect the health of the patient.

Joe’s story

“I’ve been caring for my husband Joe for several years. He suffers from Parkinson’s and recently had a stroke. He is unable to take care of himself or handle his daily tasks. He is incompetent. I can’t leave him alone for fear he might hurt himself. We can’t go anywhere because I have trouble getting him into and out of the car by myself. Neighbors have been helpful and so have my children, but they all have lives of their own. I don’t mind caring for my husband. It is what I want to do, but I miss not being able to go to church or play cards with my friends occasionally.”

When asked this non-professional caregiver how she went about improving her situation, she considered that her own physical health might be compromised by her care giving duties. Not surprisingly, she eventually had a myocardial infarction that severely limited her ability to be the caregiver she had been for so long. Ultimately, a nursing home placement became the only option for Joe.

What might have been done?

Nurses caring for Joe could anticipate the implications of the 24/7 care-giving responsibilities and consider that her own physical health might be compromised by her care giving duties. Not surprisingly, she eventually had a myocardial infarction that severely limited her ability to be the caregiver she had been for so long. Ultimately, a nursing home placement became the only option for Joe.

Patty’s insights

“I work in the primary care facility for my granddaughter over eight years and only recently learned about CF from a parent support group. None of the nurses, social workers, or physicians were initiated. In other words, a care plan for the family unit should be developed and modified as needed and communicated to all involved in Joe’s care not just once but throughout the time Joe’s care needs are being met at home (Lanier, 2013).

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Running on Empty: Compassion Fatigue in Nurses and Non-Professional Caregivers

Post-Test and Evaluation Form

DIRECTIONS: Please complete the post-test and evaluation form. There is only one answer per question. The evaluation questions must be completed and returned with the post-test to receive a certificate.

Name: ________________________________________________________________________________  Final Score: ______________________________________________

Please circle or otherwise indicate the correct answer.

1. Compassion fatigue is best defined as:
   a. A condition experienced only by nurses and other professional caregivers.
   b. A character flaw that arises when a caregiver does not have the resources needed to provide care to patients.
   c. A syndrome that includes physical, emotional, and spiritual exhaustion that affects an individual’s desire and ability to care for others.
   a. True
   b. False

2. Burnout is a sense of frustration or tiredness associated with a situation rather than an individual.
   a. True
   b. False

3. Learning about compassion fatigue is one method to engage in self-care.
   a. True
   b. False

4. Individuals experiencing burnout exhibit all two phases.
   a. True
   b. False

5. Compassion is a critical component of good nursing care and can never be a detriment to good care.
   a. True
   b. False

6. Nurses experiencing burnout are at greater risk for compassion fatigue.
   a. True
   b. False

7. A nurse is providing skilled care to a patient in the patient’s home, and visits him every other morning. The patient’s wife has been grieving for her husband for over a year and she is reluctant to leave the home even when the nurse is there. While tending to the patient’s needs, the nurse recognizes the patient’s responsibilities in this scenario:
   a. The nurse is hired to care for the gentleman so the wife’s needs are outside her areas of responsibility.
   b. The wife is an amazing caregiver and so the nurse can rely on her to meet the patient’s care needs.
   c. Because the wife is at risk for compassion fatigue, the nurse should discuss the syndrome with her and suggest some strategies for managing it.
   a. True
   b. False

8. A nurse who is experiencing unresolved compassion fatigue is at greater risk for errors in the workplace.
   a. True
   b. False

9. The costs of compassion fatigue include:
   a. Replacement costs to fill nursing staff vacancies
   b. Worker’s compensation claims
   c. Organizational disruption
   d. All of the above
   a. True
   b. False

10. The first step in dealing with compassion fatigue is self-awareness.
    a. True
    b. False

11. Engaging in self-care means setting boundaries and saying “no.”
    a. True
    b. False

12. Dealing with compassion fatigue at the organizational level involves systematically developing policies and creating conditions to promote healthy, more effective workers.
    a. True
    b. False

13. The practice of registered nursing is defined as:
    a. Providing skilled care in a clinical setting to individuals experiencing an alteration in their health status requiring the rendering of treatments and administration of medications at the direction of a physician.
    b. Providing medical care to individuals or groups that entail the use of special skills learned in nursing education programs.
    c. Providing to individuals and groups nursing care requiring specialized knowledge, judgment, and skill.
    a. True
    b. False

14. A nurse can contribute to a family member caregiver’s compassion fatigue by failing to keep commitments to visit the patient at a set time.
    a. True
    b. False

15. Caring for a patient experiencing post-traumatic stress disorder (PTSD) could result in the nurse exhibiting vicarious trauma.
    a. True
    b. False

16. The Compassion Fatigue Awareness Project is a web-based resource that provides support for nurses and others experiencing compassion fatigue.
    a. True
    b. False

17. Which of these statements is accurate?
    a. Family member caregivers are seldom at risk for compassion fatigue because of their emotional connection to the patient.
    b. Family member caregivers will readily accept that compassion fatigue is an issue affecting them both physically and emotionally.
    c. Family member caregivers may experience compassion fatigue but are unlikely to be aware that a label and can be managed.
    d. None of the above.

18. A nurse experiencing compassion fatigue:
    a. Is at risk for substance abuse
    b. Is more likely to make medication errors
    c. May avoid intense patient situations
    d. All of the above
    e. None of the above

Post-Test continued on page 14

to me when I finally put a name to it, but I would not have been able to do that by myself. I am too close to this issue to be objective. Although I appreciate how important self-care is in dealing with my CF, I think sometimes the nurses who are in our home don’t fully understand or appreciate how much they are in helping me maintain my self-care goals. We’ve never talked about it, and I would feel funny bringing it up myself. When the nurse asks meeting my daughter’s health care needs, it allows me to just be her mom. When my daughter thrives, so do I.”

What might be done?

This mom, while recognizing she is experiencing what she calls “chronic grie,” continues to minimize her own self-care needs. Her statement “When my daughter thrives so do I” is evidence she continues to place a low priority on her own very legitimate and separate care needs. A nurse could help legitimize these needs and help identify ways she could begin to meet them. While the circumstances of the family make this mother a likely candidate for CF, she has not been afforded an opportunity to raise her concerns with the professionals who are frequently involved with her daughter’s care. The mother was reluctant to bring the issues up on her own initiative; therefore, without nurses being willing to do so, the family unit’s health is not optimized (Lanier, 2013).

Compassion Fatigue and the Health Care System in General

Sorensen, Bolick, Wright, and Hamilton (2017) conducted a review of current literature on CF in healthcare providers. They found that CF and related concepts were pervasive and affected a wide variety of health care providers (HCPs). They noted that advanced practice registered nurses, and other health professionals (nursing, physical, and occupational) were not well represented in the literature. They concluded more research is needed to evaluate CF for HCPs in a variety of settings and the degree to which it affects the job satisfaction described by Potter, Deshields, & Rodriguez (2013). They outlined a hospital-wide residency program designed to help professional caregivers understand CF, recognize the physical, mental, and emotional effects of stress, and adopt resiliency strategies. Developing an institutional culture of recognition helps to create a critical CF transmission among professional caregivers to reconnect to their personal and professional mission and then truly begin to connect with an organization’s values and mission. CF left unrecognized and untreated can have significant ramifications not only for the individuals involved, but also for the health care system. Nurses who are unable to effectively manage their CF are more likely to leave the nursing profession, thereby contributing to the already critical nursing shortage. Replacing these individuals is costly from both an organizational perspective given the expenses including interactions with patients, patient outcomes, and the quality of professional life.

An organizational program to address CF was described by Potter, Deshields, & Rodriguez (2013). They outlined a hospital-wide residency program designed to help professional caregivers understand CF, recognize the physical, mental, and emotional effects of stress, and adopt resiliency strategies. Developing an institutional culture of recognition helps to create a critical CF transmission among professional caregivers to reconnect to their personal and professional mission and then truly begin to connect with an organization’s values and mission. CF left unrecognized and untreated can have significant ramifications not only for the individuals involved, but also for the health care system. Nurses who are unable to effectively manage their CF are more likely to leave the nursing profession, thereby contributing to the already critical nursing shortage. Replacing these individuals is costly from an organizational perspective given the expenses associated with recruiting and orienting new nurses. Further, CF may manifest itself through frequent absenteeism or other disruptive behaviors that add tangible and intangible costs to the employer and the health care system as a whole.

Retention issues impact not only nurse availability at the bedside, but also the availability of educators and mentors for novice nursing staff, particularly in the development of critical thinking and problem solving. Even with tenured staff lack of skill development to manage CF may impact retention and staff engagement in the work setting. (Aycoc & Boyle, 2009, p. 185)

Ultimately, a workforce that is not able to safely and effectively meet productivity expectations adds costs to an already financially overburdened system. The need to control the ever-increasing cost of health care has led to greater reliance on non-institutional settings and non-professional caregivers. That means more family members will take on the responsibility of meeting the care needs of their loved ones in informal settings without the resources needed to safeguard their own personal, physical and emotional health. People are living longer with chronic conditions that require skilled nursing care for prolonged periods of time. The ever-growing aging population will put further strain on the health care delivery system that is already unable to cost effectively meet care needs or expectations. CF is one complication of long-term care giving that, if better understood, identified early and appropriately managed, could be minimized to everyone’s advantage. Doing so could enable non-professional caregivers to avoid the emotional trauma and other debilitating behaviors that limit their care giving effectiveness. It would also allow patients to be more appropriately cared for in non-institutional settings. Our system of healthcare is to look at home and community-based care as the lynchpin of cost containment, the need to proactively address the side effects associated with that approach, such as CF, cannot be ignored. Not only is it the right thing to do from a personal or societal perspective, it is also the economically prudent thing to do as well.
Post-Test continued from page 13

19. A nurse working in a rehabilitation center has been caring for a patient who suffered life-altering injuries as a result of a fire that destroyed his home. The patient also lost his two young children because he was unable to rescue them from the burning house. The nurse has two children who are the same ages as the patient's children. She has begun to try to avoid this patient and has complained to her co-workers that she is unable to sleep. Her irritability and short temper make others go out of their way to avoid her as much as possible. This nurse is most likely experiencing
a. Burnout
b. Vicarious trauma
c. Stagnation
d. Post-traumatic stress disorder

20. A nurse manager who believes one of her staff nurses is experiencing compassion fatigue should:
   a. Initiate a discussion with this nurse about the possibility of compassion fatigue.
   b. Inquire as to what might be done to help this nurse deal with the kinds of patient situations he/she is encountering.
   c. Provide opportunities for the nurses on the unit to attend continuing education programs on compassion fatigue.
   d. None of the above because compassion fatigue is an inevitable result of being a nurse in a busy hospital and it cannot be effectively managed.
   e. a, b, & c are correct

21. Non-professional family caregivers should be encouraged to:
   a. Make caring for themselves a priority
   b. Exercise
   c. Limit exposure to traumatic events shown on the media
   d. All of the above
   e. Only a & b are correct

22. It is better to create systematic change rather than systematic change.
   a. True
   b. False

23. A home health nurse who regularly visits a severely disabled child notices that the mother who is the child’s 24/7 caregiver is tense and quick to criticize. She appears angry and is neglecting her own appearance. The child’s care needs are being met without fail; however, efforts to find respite care have been unsuccessful. The nurse should:
   a. Be aware that the mother is likely experiencing compassion fatigue and that, if left unaddressed, could affect the child’s health status.
   b. Talk with the mother about compassion fatigue and suggest they work together to develop self-care strategies.
   c. Be concerned but realize that her responsibilities extend only to the child and not the mother.
   d. a & b are correct

24. In a healthy workplace, the employer provides tools for managers and staff to accomplish their tasks.
   a. True
   b. False

25. The increased prevalence of compassion fatigue could be due in part to staffing issues and economic concerns.
   a. True
   b. False

26. Compassion fatigue can affect the overall health care delivery system if:
   a. Nurses who experience compassion fatigue decide to leave nursing for another less stressful occupation.
   b. Experienced nurses are not available to mentor new graduates and help them adapt to the demands of patient care.
   c. Families or non-professional caregivers are unable to meet the demands of their loved ones’ care needs and consequently turn to institutionalized settings for that care.
   d. All of the above are correct
   e. Only b and c are correct

27. The ART model stands for:
   a. Acting on feelings, recognizing others, and trying different strategies
   b. Acknowledging feelings, recognizing choices, and turning outward
   c. Inquire as to what might be done to help this nurse deal with the kinds of patient situations he/she is encountering.
   d. All of the above are correct

28. Which statement is accurate?
   a. Policy makers are looking to non-institutional settings and non-professional caregivers to control rising health care costs.
   b. Family caregivers always have the resources they need to meet the health care demands of their loved ones.
   c. The nursing shortage and the growing aging population are not factors to consider when analyzing the impact of compassion fatigue on health system needs.
   d. All of the above are correct

29. If you can trace the stress being experienced by a caregiver to work conditions, time pressures, or personalities it is probably as result of compassion fatigue rather than burnout.
   a. True
   b. False

30. Compassion fatigue is best defined as a pathological condition that results from a caregiver’s inability to manage his/her emotional responses to caring for patients.
   a. True
   b. False

Evaluation:
1. Do you think that the outcome was met?
   __ Yes    __ No

OUTCOME: The nurse will be able to apply strategies to deal with compassion fatigue personally and with non-professional caregivers.

2. Was this independent study an effective method of learning?
   __ Yes    __ No

If no, please comment:

3. What one strategy will you be able to use in your work setting?

4. How long did it take you to complete the study, the post-test, and the evaluation form?
   __________

5. What other topics would you like to see addressed in an independent study?
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