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Compassion Fatigue and Burnout In Mission Trip Providers

Camille Roland

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Compassion Fatigue and Burnout in Mission Trip Provider

Introduction of the Problem

Since COVID 19, healthcare workers across America have been expected to work longer hours with increased stressors such as poor staffing, increased critical patient loads, and less resources and support. These influences have led to a significant increase in compassion fatigue (CF), burnout syndrome, lack of clinical empathy and impaired mental and physical health. According to the National Academies of Medicine (NAM) in 2019 burnout had reached “crisis levels” with over 50% of both nurses and physicians reporting burnout. Since the pandemic more than 50% of health care workers report suffering from at least one mental health condition such as anxiety, depression, and PTSD. Burnout (BO) also creates adverse effects for patient care, safety, and satisfaction.

The link between volunteering and improved mental wellness and positive health benefits have been well documented. Research has found that participating in volunteer medical or nonmedical service lowers depression symptoms, psychological distress, creates better mental and physical health, increases happiness, and improves life satisfaction (Yeung et al., 2017). One U.S. based non-for-profit international medical mission organization noticed a trend of increased stress and anxiety among their healthcare provider and lay volunteers during medical mission trips. One board member stated, “In the past few years especially with the COVID-19 pandemic, some of healthcare providers, nurses, and volunteers have experienced traumatic events both at work and in their personal lives.”

Medical volunteers on short term medical missions need to become knowledgeable about

CF symptoms and interventions to develop a personal plan of care for when returning home (Lombardo & Eyre, 2011). Some healthcare providers seek mission trips to renew their passion for helping others after experiencing burnout or compassion fatigue, others experience secondary trauma from experiences on medical mission trips. The purpose of this DNP project was to prevent burnout syndrome and counter CF by way of assessment tools, incorporating mindfulness in self-care, providing education, changing behaviors, coping tools and relaxation techniques helping to reignite compassion satisfaction.

Literature Review

It is well documented that health care professionals experience some of the highest rates of CF and BO. Holler et al., published a recent cross-sectional study assessing nurses for various mental health issues. Results indicate increased risks since COVID. Almost half (41.5%) reported heightened level of depressive symptoms, 691 (52.7%) reported medium to elevated risk for burn out, and 1/5th (21.7%) reported suicidal ideations.

Signs of CF and BO include exhaustion, addiction, sense of lack of control at work, anger, irritability, reduced enjoyment, or satisfaction with work, feeling of disconnection, increased startle response, feeling on “edge,” avoidance of reminders of upsetting experiences with patients, reduced ability to feel sympathy or empathy, and feeling overwhelmed by workload. In stressful experiences related to trauma or high acuity situations, nurses may also experience somatic complaints such as digestive problems, diarrhea, upset stomach, muscle tension, headaches, changes in appetite and eating habits, insomnia, fatigue, and cardiac symptoms such as chest pain and palpitations (Lombardo & Eyre, 2011).

Interventions should be multifaceted including prevention, assessment, and consequence minimization (Figley, 2002). Rimmer (2021) recommends setting boundaries between work and home, refueling, and taking time away from work can be helpful tools for managing CF. The risk of CF can be lowered through simple actions to improve well-being, such as improving sleep patterns, increasing exercise, maintaining social contact, walking, reading, and exploring new things. Evidence has shown that taking breaks throughout the day can enhance productivity, also reflecting the workday by writing down three positive things that happened or creating a gratitude diary can foster compassion satisfaction.

Methods

This DNP (Doctor of Nursing Practice) project was to have participants assess their risk level and measure BO, CF, and identify if participants were incorporating self-care in daily life. The goal was to identify pre and post BO, CF, and compassion satisfaction using the PROQOL (Professional Quality of Life) self-report questionnaire as well as promote daily self-care interventions to achieve a reduction in compassion fatigue and burnout over thirty days post Guatemala Mission Trip.

The setting for this DNP project was both online and in person on the ground in Guatemala with members of a short-term medical mission trip team of health care and non-health care professionals. The sponsoring organization was a U.S. based 501(3)c organization which organizes short term international medical mission trips. Southern Illinois University Edwardsville's Institutional Review Board determined the project to be a quality improvement project exempt from board review in Spring 2022. Participants gathered on the evening of day two in Guatemala. The DNP project lead gave eleven participants a PROQOL questionnaire and a self-care questionnaire and led a focused discussion regarding risk factors of CF and BO, the

PROQOL 5.0 and how to interpret the scores, self-care discussion, five-minute mindfulness education interventions to use on mornings during the trip, and Q&A's. The lead supplied mindfulness handouts, audio links post workday decompression, word searches, and adult coloring sheets. PowerPoint was provided via email so that all participants could reference all resources, tools, links, and statistical data. Prior to leaving, participants gathered for an in-person session to discuss important upcoming dates, email invites, post-surveys, and questionnaires.

Evaluation

The evaluation tools used to measure project outcomes were the Stamm Professional Quality of Life Scale (PROQOL) (Appendix A) and post intervention focus group discussion. PROQOL is a 30-question self-administered questionnaire which measures compassion satisfaction, perceived support, BO, secondary traumatic stress, and moral distress. Initial communication was made a week prior to departure with the medical mission team. Email correspondence was sent to participants describing the initial project plan, including questionnaires, presentation, interventions, surveys, and power point. Administering the prequestionnaire, pre-intervention PROQOL and real time presentation on the first day of trip allowed for a potential increase in responses from participants.

The pre and post intervention self-care questionnaires identified what self-care measures participants were using and familiarity with the evidenced based interventions of mindfulness, meditation, yoga, journaling, and items of gratitude. The questions were designed using the Likert scale to evaluate if volunteers currently use selfcare interventions to help mitigate or minimize CF or BO. No identifying information was included on the pre and post questionnaires or PROQOL.

The project was to promote selfcare and daily interventions for each participant to achieve reduction in CF and BO thirty days post mission trip. The initial eleven participants (100%) all filled out the pre- PROQOL questionnaire, as well as the self-care questionnaire. In week two, a two-question questionnaire was sent for feedback pertaining to how participants were feeling based on returning home from the mission trip. Of the eleven participants four (37%) responded with updates. Thirty days post return, the second PROQOL self-administered questionnaire was sent out to compare improvement or digression in one's compassion satisfaction, BO, and CF, again of the eleven participants four (37%) responded. Of the four participants, two had no improvement on their PROQOL questionnaire scores, one had a slight improvement on their BO score, and the last participant scored worse identifying higher scores all three areas.

Of the four participants, three confirmed they increased their self-care with physical exercise and daily mindfulness exercises such as positive affirmations, meditation, going to church, and journal writing. The fourth participant did not use any interventions provided or incorporate additional self-care routine in the thirty days post mission trip. Feedback from the participant with increased scores. "I felt even more disconnected at work then when before leaving for Guatemala. I felt numb, even anxious from the experience. As a provider, I went thinking I would create change for the long term and instead I caused more harm than good, providing a temporary band-aid. It was an experience to have but it is not something I think I could do again."

Impact on Practice

Based on the literature reviewed for this project, CF and BO are more prevalent in healthcare than previously realized, particularly after COVID. Self-care techniques such as

mindfulness, yoga, journaling, and items of gratitude have proven beneficial. Unfortunately, this project did not bring about enough data to fully determine the short- and long-term impact of this project on the medical mission organization or the medical team who received the interventions delivered. One short-term impact of the project was increased knowledge of self-care techniques for all participants, and at least some increased their participation in self-care activities, which may improve quality of life. To reimplement this project a second time it would be beneficial to have a board meeting setting clear expectations and a schedule of events. Having a Zoom meeting to include the questionnaires, education on CF, BO, as well as self-care interventions and polls on what kind of selfcare participants would like to do on the mission trip could create a greater response post trip. Creating a 30-day self-care challenge where participants must maintain self-care for 30-days and answering the two follow-up surveys to get a gift card at the end could also be an incentive for follow-through.

Conclusions

Healthcare providers face one of the most increased risks of developing CF and BO. Increase work hours, labor shortage, acuity of patients, and unsafe nurse-to patient ratio have accelerated the development of mental or physical health issues in much of the workforce. Healthcare workers have an alarmingly high rate of depression (24.83%), anxiety (24.94%) and sleep disorders (44.03%) due to occupational stress. In turn, prolonged BO can impact long-term mental health, increasing alcohol dependency, substance abuse and a double risk of suicidal ideations (Leo et al., 2021).

This project could have resulted in an increased post response rate had we incorporated a daily 5-minute morning meditation as a group, or a 20-minute group walk after returning from

our workday. Unfortunately, due to limited return rates of post intervention surveys the impact of this DNP project could not be fully determined. Therefore, more interventions to improve self-care techniques among healthcare participants on medical mission trips with this organization should be changed to allow for short-term participant feedback. Future efforts should also be placed on a dedicated time and more frequent time spent on these trips dedicated to modeling self-care techniques.

This project offers a framework for use on a larger scale, only by scratching the surface- we come to realize selfcare is an imperative part of work-life balance. Lewis et al., journal article touches on the impact of healthcare workers, experiencing detrimental impacts of increased anxiety, emotional distress, stress, fatigue, and BO. Healthcare organizations have an obligation to patients and their wellbeing, but there is an even greater need for them to care for their healthcare workers' mental and physical health needs. Implementation of daily mindfulness exercises and selfcare resources in the workplace can have dramatically positive impact on individuals and organizations.

Author Contact Information

Camille Roland

camillejroland@gmail.com

