Problem
Hypothesis: Registered nurses (RNs) experiencing high levels of burnout and compassion fatigue (CF) and low level compassion satisfaction encounter disruption in family interactions.

Awareness that CF directly impacts family members will motivate nurses to participate in interventions designed to improve compassion satisfaction, reduce burnout, and lower CF.

Evidence
Compassion fatigue is a secondary traumatic stress reaction resulting from helping, or desiring to help, a person suffering from traumatic events1. Nurses experience of CF has been documented;2,3,4,5,6 however, research related to effect on family members is limited. Figley7 reported that knowing CF is present does not necessarily lead some healthcare clinicians to seek relief.

Strategy
Registered nurses (RNs) at THFW were invited to complete the ProQOL-CSF-R-IV (to measure compassion satisfaction, burnout, and CF) and their significant others completed the Caregiver’s Family QOL Scale (to measure his/her perception related to the RN). Comparative analyses were conducted to determine correlation between the nurses’ and family members’ perceptions. Focus group sessions with 22 unit councils and small groups at a unit council retreat explored potential interventions for CF and burnout.

Practice Change
Six major categories/themes of CF were identified: working conditions, accountability, budget, patient/family issues, home/family atmosphere, and interactions with interdisciplinary partners. Issues/solutions were prioritized and implementation action plans were developed. Flow sheets and action plans were distributed to participating units with guidance for implementing at least one idea aimed to reduce CF.

Evaluation
While evaluation is an ongoing process, RNs are dialoguing and implementing changes to address issues of CF.

Results
Nurses are aware that “someone is listening” to their concerns, and actions are in place to provide meaningful, effective strategies to reduce CF.
**Recommendations**
Best practices for implementing action plans at the unit level should be nurtured by leadership and shared in a way to support innovation addressing CF.

**Lessons Learned**
Verification that family members were affected by RN’s CF influenced active participation in focus groups.

**References**