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Evaluation of a Staff Resilience Program in a Pediatric Intensive Care Unit

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DNP Final Project Report

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Dedication

This DNP project is dedicated to my family, my DNP classmates, my friends, and all those I work with who have supported me along this journey. This is for my family who has supported me and allowed me to spend countless hours focused on school and my classmates who have encouraged me on this journey. This is for my friends who listened to me complain and encouraged me not to give up. This is for my coworkers who have picked up the slack for me and allowed me to devote time to school. And lastly, this is for all future nurses as I hope this work will promote resilience in nurses to ensure nurses stay in healthcare and continue to provide the highest quality care to our patients.

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Abstract

Background: Compassion fatigue (CF) and secondary traumatic stress (STS) is prevalent in intensive care nurses, especially in pediatric intensive care nurses (PICU). CF/STS leads to burnout, reduced employee engagement, and nursing turnover.

Purpose: The purpose of this project was to evaluate the impact of a staff resilience program on nursing turnover, employee engagement and improved compassion satisfaction/ resilience among nurses in a PICU.

Methods: A retrospective pre-test and post-test design was used to evaluate the impact on turnover and engagement after implementation of the staff resilience program. Comparison of RN turnover and engagement results pre-implementation were compared to RN turnover during the intervention year and engagement results post intervention. The Professional Quality of Life Scale (ProQOL) was used to measure CF/STS, burnout, and compassion satisfaction/resilience post implementation.

Results: RN turnover was reduced, and employee engagement was improved, although the differences were not statistically significant. The aggregate scores of the ProQOL indicated the RN's had low levels of CF/STS and burnout with high levels of compassion satisfaction/resilience post implementation.

Conclusions: Education regarding CF/STS, burnout, and resilience compassion satisfaction coupled with interventions designed to promote resilience can be effective in reducing CF/STS, burnout, and building compassion satisfaction/resilience.

Evaluation of a Staff Resilience Program in a Pediatric Intensive Care Unit

Introduction

As the healthcare environment continues to change and become more complex, nurses are faced with many challenges. Working in a Pediatric Intensive Care Unit (PICU) creates additional challenges. While this environment can be stimulating and rewarding, it can also be very emotionally difficult (Meadors & Lamson, 2008).   Due to the complex healthcare environment and emotional stressors that nurses face, nurses who work in intensive care settings are at high risk for compassion fatigue (CF), secondary traumatic stress (STS), and ultimately nursing burnout (Meadors & Lamson, 2008).   CF/STS and burnout can cause decreased productivity, decreased job satisfaction, and increased turnover for nurses resulting in increased healthcare costs and negative patient outcomes (Adwan, 2014). Research suggests interventions aimed at building resilience can mitigate the effects of CF/STS and burnout (Cocker & Joss, 2016).   The aim of this study was to evaluate the impact of a staff resilience program in a PICU on Professional Quality of Life (ProQOL), to include CF/STS, burnout, and compassion satisfaction/resilience, in addition to the impact on employee engagement and nursing turnover.

Background

CF is often described as the cost of caring. It is frequently used synonymously with STS, which is described as the stress one experiences from caring for a person who has suffered from a traumatic event (Sorenson, Bolick, Wright, & Hamilton, 2016). CF/STS occurs when healthcare providers are repeatedly exposed to patients' suffering from trauma or devastating illnesses and can ultimately lead to nursing burnout (Meadors & Lamson, 2008). Nurses who work in Pediatric Intensive Care Units (PICU) may be at an even higher risk for CF/STS as advances in medical technology have allowed children to live longer and with more complex

chronic conditions (Meadors & Lamson, 2008). Pediatric nurses are exposed to repeated patient

suffering and death and experience the emotional responses from parents to their children's

illness (Berger, Polivka, & Owens, 2015).

CF/STS can cause physical health issues for nurses including lack of energy, anxiety,

inability to sleep, depression, and burnout in their profession (Berger, Polivka, & Owens, 2015).

Nurses suffering from compassion fatigue often lack empathy for their patients and find it

difficult to find satisfaction in their job (Adwan, 2013). CF/STS can also result in decreased

productivity, decreased employee engagement, and increased turnover for nurses (Berger,

Polivka, & Owens, 2015).

It is important to understand how CF/STS contributes to nursing burnout and to develop

interventions to build compassion satisfaction/resilience to mitigate CF/STS and reduce nursing

burnout. According to Mosby's 9th edition dictionary (2009), resilience is "a concept that

proposes a recurrent human need to weather periods of stress and change successfully throughout

life. The ability to weather each period of disruption and reintegration leaves the person better

able to deal with the next change." Individuals with high compassion satisfaction/resiliency are

less likely to suffer from CF/STS and burnout (Stamm, 2010).

The literature supports strategies aimed at promoting compassion satisfaction/resilience.

CF/STS education can have a positive effect on reducing CF/STS (Cocker & Joss, 2016). Zadeh,

Gamba, Hudson, and Wiener (2012) performed a quality improvement study evaluating the

effectiveness of a wellness program for pediatric nurses. The researchers found the 10 session

wellness program was identified as very helpful and more than 75% of the participants reported

the education would positively change the way they performed in their current jobs. Cocker and

Joss (2016) performed a systematic review of CF/STS interventions targeted towards healthcare

workers and found that interventions focused on education and improving resilience appeared to have the most impact on reducing CF/STS.

According to current literature, education on CF/STS, burnout and compassion satisfaction/resilience can reduce CF/STS and burnout and improve compassion satisfaction/resilience. This can result in higher levels of job satisfaction and less burnout (Cocker & Joss, 2016). Meyer, Klaristenfeld, and Gold (2015) found that nurses who reported higher compassion satisfaction/resilience were less at risk for CF/STS. This supports the research done by Stamm (2010) who also found higher compassion satisfaction scores were associated with less CF/STS and burnout. Adwan (2014) suggested that interventions aimed at helping pediatric nurses identify and deal with grief could mitigate the grief nurses suffer from a patient death and improve job satisfaction. Meadors and Lamson (2008) found that pediatric providers who participated in an educational seminar on CF/STS reported improved knowledge, better knowledge of ways to deal with stress, and more feelings of peace and calmness.

The staff resilience program was started in this intensive care unit in January 2017. The staff resilience program consisted of education to every RN in the PICU regarding CF/STS, burnout, and staff resilience. In addition, training was provided based off the American Association of Critical Care Nurses (AACN) six standards for a healthy working environment (skilled communication, meaningful recognition, appropriate staffing, true collaboration, effective decision making, and authentic leadership) (AACN, 2016).

Staff resilience strategies included formal and informal debriefings, art, music, and pet therapy. Informal debriefings were offered every other month through breakfast with the chaplain. Twice a year, a formal ethical debriefing led by a trained pediatric ethicist was offered. Art and music therapy interventions were alternated every other month. Art therapy

interventions included a variety of crafting options, making of sugar scrubs and bath bombs. Music therapy was led by staff volunteers and included singing and playing of instruments in the nursing stations. Pet therapy was provided to the staff by child life once a week. A private Facebook page was developed for the staff on the unit. The Facebook page was used for communication, celebrations, information on upcoming staff resilience activities. Lastly, monthly celebrations occurred during heart month (February) and critical care awareness month (May). Unit t-shirts were designed and available for staff to purchase. In addition, a wide variety of activities were offered throughout the months including contests, photo booths, and ice cream socials.

Purpose

The purpose of this study was to evaluate the impact of a staff resilience program implemented in a PICU. Employee engagement scores pre and post implementation of the program were evaluated. In addition, RN turnover was assessed pre-implementation as well as during the intervention year. The ProQOL was used to assess levels of CF/STS, burnout and compassion satisfaction/resilience post intervention for the nurses that participated in the program.

Methods

The study was a single-center retrospective pre-test and post-test design evaluating the impact on turnover and engagement after implementation of a staff resilience program in a PICU. The pre-implementation period was January 2016 through December 2016. The resiliency program was implemented between January 2017 through December 2017. Employee engagement and the ProQOL scores were assessed post-implementation (January 2018 through March 2018). RN turnover and employee engagement results from 2016 were compared to RN

turnover in 2017 and engagement results from early 2018. In addition, an evaluation of CF/STS, burnout and compassion satisfaction/resilience was assessed post implementation using the ProQOL Scale (Stamm, 2010). CF/STS and burnout scores totaling less than 22 indicate low levels of CF/STS and burnout respectively. Scores between 23-41 indicate an average level, while scores greater than 42 indicate a high level of CF/STS respectively. Compassion satisfaction is scored similarly. Scores greater than 42 equal high levels of compassion satisfaction, while scores between 23-41 are average and scores 22 and less indicate a low level of compassion satisfaction. Prior to the implementation of the staff resilience program, there were no formal methods in the department addressing burnout and resilience.

Setting

The analysis was conducted in a 34 bed PICU in the state's only free-standing children's hospital that has approximately 265 licensed beds. The hospital offers specialized care in cardiac surgery, cardiology, oncology, neurology, neurosurgery, and is a level one trauma center. The PICU employs approximately 150 RN's and averages 2,500 admissions per year. The children's hospital is part of a large healthcare system comprised of five large hospitals, 13 Immediate Care Centers and 190 physicians practice locations. The mission of the healthcare organization is to provide quality health care to all those served, in a manner that responds to the needs of the community and honors our faith heritage.

Sample

Inclusion criteria for employee engagement and the ProQOL surveys included all RN's who worked in the PICU as of January 2018 who had been working in the PICU for a minimum of three months. RN's who had worked in the PICU for less than three months were excluded.

RN turnover included all RN's who worked in the PICU during 2016 and 2017. RN's who failed orientation or were involuntarily terminated were excluded.

Procedures

Approval for this study was obtained through the University of Kentucky Institutional Review Board (IRB) as well as through the Norton Healthcare Office of Research and Administration (NHORA). RN turnover was defined as the number of RN's who resigned or transferred out of the PICU over the total number of RNs in the PICU. 2017 RN turnover results were compared to RN turnover results from 2016.

Employee engagement was measured using the Press Ganey Employee Engagement scale. The scale consists of the following six questions that are measured using a Likert scale (1-5) with higher numbers indicating a positive response.

1. I am proud to tell people I work for this organization.

2. I would stay with this organization if offered a similar position elsewhere.

3. I would recommend this organization to family and friends who need care.

4. I would like to be working at this organization three years from now.

5. I would recommend this organization as a good place to work.

6. Overall, I am a satisfied employee.

Each question was scored individually, then averaged together to get overall employee engagement. Higher scores indicated a greater number of engaged employees. Employee engagement was assessed in January of 2018 and results were compared to 2016 results (pre-intervention). The 2018 employee engagement survey consisted of the same six questions above and was administered using REDCap (REDCap, 2004).

The ProQOL (see Appendix A), a reliable and validated tool, was used to measure CF/STS, burnout, and compassion satisfaction (Stamm, 2010). This tool was administered post implementation and scores were compared to national averages of CF, burnout, and compassion satisfaction. This was also administered using REDCap (REDCap, 2004).

Data Collection

Data for this study was obtained either electronically using an employee survey or from Human Resources. RN turnover data and 2016 employee engagement scores were requested and provided from the Norton Healthcare Human Resources Department. Research electronic data capture (REDCap) was used to administer the ProQOL and the 2018 employee engagement survey (REDCap, 2004). A waiver of documentation of informed consent was requested and this researcher had access only to aggregate data and did not have access to any personal data.

Data Analysis

Descriptive statistics, including frequency distributions and means were used to describe the demographic characteristics of the participating RN's. All analyses were conducted using SPSS version 22; an alpha level of .05 was used to determine statistical significance. Correlations between education level and experience were assessed for impact on CF/STS, burnout, compassion satisfaction and engagement using Spearman's Rho. Pearson's correlation was used to evaluate relationships between CF/STS, compassion satisfaction, and burnout. A T-test was used to determine statistical significance of impact of program on RN turnover and engagement.

Results

Seventy-five nurses (46%) completed the post employee engagement survey compared to 82 nurses (68%) in 2016. 70 nurses (43%) completed the ProQOL scale. Over 90% (90.7%) of

these nurses held a Bachelor's degree in Nursing or higher (see Table 1 for demographic information).   Approximately two-thirds of respondents (68%) had five years or less of experience as a nurse.

RN turnover and employee engagement scores improved as an outcome of the resiliency program. RN turnover was reduced during the implementation year of the staff resilience program from 25.8% to 19.8% although the results were not statistically significant (p = 0.22) (see Table 2). In addition, employee engagement scores also increased from a mean score of 4.15 to 4.18, but that change was not a statistically significant improvement (p=0.67).

Evaluation of the aggregate ProQOL scores were encouraging. CF/STS and burnout aggregate scores were low, while compassion satisfaction scores were high. The average score for STS/CF was 20.3 (see Table 3). Burnout scores averaged 21.7. Inversely, the average score among participants for compassion satisfaction was 42.6.

There was a statistically significant positive correlation between compassion satisfaction and engagement (p <.001) (see Table 4). Additionally, there was a statistically significant positive correlation between years of experience and compassion satisfaction (p=0.15) and engagement (p=.018) suggesting that as years of experience increased so did compassion satisfaction and engagement. A statistically significant negative correlation was found between engagement and burnout (p<.001) indicating that as engagement increased, burnout decreased. The same is true for engagement and STS/CF (p=.004); as engagement increased, CF/STS decreased. There was also a statistically significant negative correlation between compassion satisfaction in comparison to STS/CF (p=.024) and burnout (p<.001) indicating that as compassion satisfaction increased, burnout and STS/CF decreased. And lastly, there was a

statistically significant positive correlation between CF/STS and burnout (p<.001) suggesting

that as CF/STS increased so did burnout.

Discussion

The results of this evaluation suggested that a staff resilience program can be an effective

intervention to mitigate CF/STS and reduce burnout in PICU nurses. Reducing burnout and

CF/STS is important to prevent nursing turnover and improve employee engagement. Nursing

turnover is costly to organizations and disengaged employees can have a negative impact on the

delivery of quality care and patient satisfaction. Resilience and compassion satisfaction can

mitigate the effects of CF/STS resulting in reduced burnout (Stamm, 2010). While the outcomes

of this evaluation did result in a 7% reduction in RN turnover and an increase in employee

engagement, the results were not statistically significant. However, when comparing the

aggregate results of the ProQOL, the RN's scored low in CF/STS and burnout and high for

compassion satisfaction.   Reducing burnout and improving compassion satisfaction are

important for the organization, as well as the mental health of the nurses (Berger, Polivka, &

Owens, 2015). These results supported past studies that have shown staff resilience

education/strategies can result in less CF/STS and burnout and improve compassion

satisfaction/resilience (Cocker and Joss, 2016).

There was a statistically significant negative correlation between higher levels of

compassion satisfaction and engagement and burnout suggesting that as compassion satisfaction

and engagement increase, burnout is reduced. There was also a statistically significant positive

correlation between compassion satisfaction and engagement indicating those employees who

have high compassion satisfaction also happen to be more engaged employees. In addition, there

was a statistically significant positive correlation between increasing years of experience and

higher levels of engagement and compassion satisfaction. Employees with high compassion

satisfaction suffer from less CF/STS and burnout and are more likely to stay; employees with

low levels of compassion satisfaction likely suffer from more CF/STS and burnout and therefore

are more likely to leave the organization.

These results are important for organizations to consider when implementing

interventions to support PICU nurses and reduce RN turnover.   The results from the ProQOL

indicate a staff resilience program can have a positive impact on pediatric intensive care nurses.

These results support other clinical studies that have shown as compassion satisfaction/resilience

increase, CF/STS and burnout decrease (Stamm, 2010). Other studies have found that education

on CF/STS and burnout can be an effective method to reduce CF/STS and burnout (Zadeh,

Gamba, Hudson, and Wiener (2012).

Implications

While there seems to be strong agreement in the literature that compassion fatigue and

burnout exist in intensive care nurses (Cocker & Joss, 2006), there are very few studies specific

to pediatric intensive care nurses. There seems to be a clear correlation between CF/STS,

burnout, engagement and compassion satisfaction. The literature supports education on

compassion fatigue (Meadors & Lamson, 2008) and interventions promoting resilience can be

helpful in reducing compassion fatigue in nurses in the short term. What remains unclear is the

effectiveness of interventions for pediatric intensive care nurses in supporting resilience,

compassion satisfaction, and reducing compassion fatigue over a long period, such as one's

career. It is also unclear which resilience building interventions, besides education, are most

effective.

It seems prudent that organizations and nursing leaders should provide education and

interventions to pediatric intensive care nurses regarding CF/STS, burnout, and compassion

satisfaction/resilience. This includes the definitions of each, symptoms, and interventions that

promote compassion satisfaction/resilience. CF/STS and burnout exist in ICU's and have the

potential for significant negative consequences for the nurse, as well as the organization. There

were no reported negative consequences to the implementation of the staff resilience program in

this ICU. The results indicate the education and interventions were helpful in reducing CF/STS

and burnout and improving compassion satisfaction and resilience.

Limitations

Limitations to this study include the time frame of evaluation. The program was

implemented in 2017, and the evaluation of engagement and CF/STS, burnout, and compassion

satisfaction occurred in January of 2018. It would have been helpful to have done a pre and post

comparison of the ProQOL scores, rather than only the post evaluation. In addition, this was a

single center study with convenience sampling. The sample size was likely not adequate to

generate statistically significant results in RN turnover and employee engagement. Employee

engagement scores for this department were already above the national average before the

implementation of the program.   Lastly, RN turnover was evaluated during the intervention

period; therefore, it is unclear if the program had a sustained impact on turnover.

Recommendations for future studies

Further research needs to be done to determine the effectiveness of education programs

and the most effective interventions for reducing CF/STS and burnout and promoting

compassion satisfaction/resilience. Future research should be focused around using standardized

tools to measure CF/STS, burnout, and compassion satisfaction/resilience as well as specific

interventions for pediatric intensive care nurses. Longitudinal studies would be helpful to

determine the sustainability of the results over time. Lastly, larger, multi-institutional studies

using random sampling would be beneficial to improve the generalizability of the results.

Conclusion

CF/STS and burnout are prevalent in ICU nurses, as well as pediatric nurses. CF/STS

and can have negative consequences for the nurse, the patients they are caring for, and the

organization leading to negative physical symptoms for the nurse, decreased job productivity,

decreased employee engagement, increased turnover, and burnout. The purpose of this study

was to evaluate the implementation of a staff resilience program on CF/STS, burnout, turnover,

and employee engagement. The results suggest a staff resilience program can be effective in

reducing CF/STS and burnout in PICU nurses. Education on CF/STS and burnout including the

risks, symptoms, and strategies to promote compassion satisfaction/resilience should be provided

to prevent burnout. In addition, healthcare organizations should focus on providing resilience

building interventions in PICU to promote compassion satisfaction/resilience among the nurses.

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      Wellness Program for Pediatric Nurses. *Journal of Pediatric Oncology Nursing*, *29*, 294-

      299.

Table 1. *Descriptive statistics for study variables (N=75)*

	(%)
Education	
Associates	9.3
Bachelors	86.7
Masters	4.0
Years of nursing experience	
<1	30.4
>1-5	37.7
>5-10	7.2
10+	24.6

Table 2. *Comparison of turnover and engagement before and after implementation of resilience program*

	2016 (prior)	2017	*p*
Turnover rate	25.83%	19.75%	.22
Employee engagement, mean (SD)	4.15	4.18	.67

Table 3: *Aggregate ProQOL scores (N=70)*

	Mean	SD	Interpretation of Results
Compassion Fatigue/Secondary Traumatic Stress	20.4	5.2	Low
Burnout	21.7	4.4	Low
Compassion satisfaction	42.6	3.9	High

Table 4. *Correlations (N=70)*

	Engagement	Compassion satisfaction	Burnout	CF/STS
Years of experience	.27* .018	.29* .015	-.22 .074	-.03 .807
Engagement		.45* <.001	-.44* <.001	-.34* .004
Compassion satisfaction			-.62* <.001	-.27* .024
Burnout				.50* <.001

Note: Cells contain correlation coefficient in the top row and associated p-value *r* (*p*) on the second row

*Indicates statistical significance p<.05

**Indicates statistical significance p<.001

Appendix A

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

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

1. _____ I am happy.

_____ 2. I am preoccupied with more than one person I *[help]*.

_____ 3. I get satisfaction from being able to *[help]* people.

_____ 4. I feel connected to others.

_____ 5. I jump or am startled by unexpected sounds.

_____ 6. I feel invigorated after working with those I *[help]*.

_____ 7. I find it difficult to separate my personal life from my life as a *[helper]*.

8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I
_____   *[help]*.

_____ 9. I think that I might have been affected by the traumatic stress of those I *[help]*.

_____ 10. I feel trapped by my job as a *[helper]*.

_____ 11. Because of my *[helping]*, I have felt "on edge" about various things.

_____ 12. I like my work as a *[helper]*.

_____ 13. I feel depressed because of the traumatic experiences of the people I *[help]*.

_____ 14. I feel as though I am experiencing the trauma of someone I have *[helped]*.

_____ 15. I have beliefs that sustain me.

_____ 16. I am pleased with how I am able to keep up with *[helping]* techniques and protocols.

_____ 17. I am the person I always wanted to be.

_____ 18. My work makes me feel satisfied.

_____ 19. I feel worn out because of my work as a *[helper]*.

20. I have happy thoughts and feelings about those I *[help]* and how I could help them.

_____ 21. I feel overwhelmed because my case [work] load seems endless.

_____ 22. I believe I can make a difference through my work.

_____ 23. I avoid certain activities or situations because they remind me of frightening experiences
_____ of the people I *[help]*.

_____ 24. I am proud of what I can do to *[help]*.

_____ 25. As a result of my *[helping]*, I have intrusive, frightening thoughts.

26. I feel "bogged down" by the system.

27.   I have thoughts that I am a "success" as a *[helper]*.

28.   I can't recall important parts of my work with trauma victims.

29.   I am a very caring person.

30.   I am happy that I chose to do this work.

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

Compassion Satisfaction _____

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

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

Burnout_____

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

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

Secondary Traumatic Stress_____

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

rapid in onset and associated with a particular event. They may include being afraid, having difficulty sleeping, having images of the upsetting event pop into your mind, or avoiding things that remind you of the event.

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

In this section, you will score your test so you understand the interpretation for you. To find your score on **each section,** total the questions listed on the left and then find your score in the table on the right of the section.

Compassion Satisfaction Scale

Copy your rating on each of these questions on to this table and add them up. When you have added then up you can find your score on the table to the right.

3. _____

6. _____

12. _____

16. _____

18. _____
20. _____
22. _____
24. _____
27. _____
30. _____

The sum of my Compassion Satisfaction questions is	So My Score Equals	And my Compassion Satisfaction level is
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High

Total: _____

Burnout Scale

On the burnout scale you will need to take an extra step. Starred items are "reverse scored." If you scored the item 1, write a 5 beside it. The reason we ask you to reverse the scores is because scientifically the measure works better when these questions are asked in a positive way though they can tell us more about their negative form. For example, question 1. "I am happy" tells us more about the effects of helping when you are *not* happy so you reverse the score.

You Wrote	Change to
	5
2	4
3	3
4	2
5	1

*1. _____ = _____

*4. _____ = _____
8. _____
10._____
*15. _____ = _____
*17. _____ = _____
19. _____
21. _____
26. _____
*29. _____ = _____

The sum of my Burnout Questions is	So my score equals	And my Burnout level is
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High

Total: _____

Secondary Traumatic Stress Scale

Just like you did on Compassion Satisfaction, copy your rating on each of these questions on to this table and add them up. When you have added then up you can find your score on the table to the right.

2. _____
5. _____
7. _____
9. _____
11. _____
13 _____
14 _____
23. _____
25. _____
28. _____

The sum of my Secondary Trauma questions is	So My Score Equals	And my Secondary Traumatic Stress level is
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High

Total: _____