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THE PROJECT HAS BEEN ACCEPTED BY THE PROJECT COMMITTEE IN PARTIAL FULLFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF SCIENCE IN NURSING.

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REDUCING EMERGENCY NURSE COMPASSION FATIGUE

A Research Grant Proposal

Presented to the faculty of the School of Nursing

California State University, San Marcos

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by

Crystal Limonta

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Abstract

of

REDUCING EMERGENCY NURSE COMPASSION FATIGUE

by

Crystal Limonta

Compassion fatigue resulting from a poor nurse-patient relationship is a common problem that develops in Emergency Department (ED) nurses (RNs) due to the often stressful, unpredictable, and potentially violent environment that exists within the ED. This creates psychological stress for ED RNs resulting in adverse patient outcomes due to depersonalization and disengagement of the RN in the clinical setting. Studies have shown that a positive nurse-patient relationship helps to combat compassion fatigue and its negative effects. Unfortunately, this can be difficult to achieve in the chaotic environment and limited timeframe the ED permits. This grant proposal intends to assess how a meet-and-greet socializing event where patients share their ED experiences and feedback (independent variable) with ED RNs affects RN compassion fatigue levels (dependent variable). Compassion fatigue among the RNs will be measured at six different intervals over a two year period using the ProQOL Version 5 survey. This study will contribute to the body of knowledge to help decrease compassion fatigue in ED RNs and ultimately improve patient outcomes by improving ED RN engagement and clinical practice.

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Chapter One: Introduction

Background

Emergency room nursing is a profession that can be rewarding, yet stressful. Burnout within the profession is a well-known problem and is more prevalent in high acuity units such as the Emergency Department (ED) due to time constraints, unpredictability, violence by patients towards staff, and exposure to traumatic events. These characteristics and events create emotional exhaustion, depersonalization and feelings of low personal accomplishment within emergency department nurses (ED RNs), which contribute to compassion fatigue and disengagement (Gomez-Urquiza, De La Fuente-Solana, Albendin-Garcia, Vargas-Pecino, Ortega-Campos, & Canadas-De La Fuente, 2017).

Emotional exhaustion occurs when the nurse is depleted of emotional reserves and no longer believes they are able to provide quality care due to feeling drained of energy, emotion and physical strength. Depersonalization is when the nurse develops negative or cynical attitudes and behaviors that are projected towards patients and coworkers, and low personal accomplishment as a result of failing to meet goals during the work process (Adriassens, De Gucht, & Maes, 2015). Compassion fatigue has been associated with losing one's ability to nurture as a result of prolonged exposure to stress, and the imbalance between caring for others and self-care. This study proposes that these factors, which create added expenses for institutions and poor patient outcomes, can be minimized by enhancing the long-term ED RN-patient relationship by implementing a program that promotes a positive relationship to exist between previous ED patients and ED RNs. The program would allow patients and RNs to interact with each other in settings and circumstances that foster relaxation and enjoyment, which are contrary to those in the ED where the nurse-patient relationship was initially established. The goal is to

support engagement within the nurse, which is associated with a positive and fulfilling state of mind that promotes dedication, as opposed to disengagement where the opposite is true.

Significance and Problem

Nurses place themselves in a caring role centered around the patient's wellbeing, which involves personal sacrifice in an effort to establish a positive nurse-patient relationship. In a stress filled, hostile and unpredictable environment such as the ED this can result in nurses emotionally distancing themselves from their patients as a result of self-protective mechanisms, which ultimately impact their perception and ability to provide adequate care (Sawatzky & Enns, 2012). Nantsupawat, Nantsupawat, Kunaviktikul, Turale, & Phoghosyan (2016) state that nurses who are dissatisfied with their roles have higher rates of turnover, patient falls, medication errors, provide a lesser quality of care, and have patients who suffer increased rates of infections.

This creates added expenses for institutions specifically related to training, absenteeism, poor patient satisfaction scores, and negative patient outcomes. Increased turnover also contributes to a younger less experienced workforce within the ED where knowledge, experience and efficiency are necessary when responding to critical situations. According the Emergency Nurses Association (2017), costs associated with recruiting, hiring and training an individual ED RN are estimated to start at $82,000. It is also estimated that 20% of ED RNs leave the profession within one year of hire, whereas nearly 30% leave within two years. Within the ED, patient volumes and acuities are increasing and exacerbating the need for retaining qualified nurses in effort to meet the needs of communities and reduce institutional expenses (Sawatzky & Enns, 2012). Advanced practice nurses (APRNs) involved in employee health who work directly with nurses affected by these situations are in a unique position to identify and implement programs that create positive change for affected staff and thereby help to minimize the negative

outcomes previously mentioned. If APRNs are educated on the psychological affects that accompany ED nursing, they can assess psychological well-being during encounters with RNs during occupational health related visits, or by implementing regularly scheduled questionnaires to evaluate these characteristics and effects within staff members. The ultimate goal would be to identify compassion fatigue early in effort to intervene quickly before the negative consequences of compassion fatigue significantly impact both ED RNs and their patients.

Purpose of the Research

The majority of studies have aimed to overcome burnout by focusing on institutional changes that improve management styles, staffing ratios, management initiated employee feedback and recognition programs, and enhancing teamwork amongst coworkers. Lesser attention has been given to ED RN's perception of the nurse-patient relationship, which when negative or unfulfilling, contributes to burnout and increased turnover. The purpose of this research is to determine whether providing nurses with patient feedback, which can help to validate the positive aspects of the ED RN-patient relationship, ultimately affects their satisfaction with ED nursing by reducing compassion fatigue experienced by the ED RN.

Research Question

- Does receiving direct patient feedback on care provided after an ED visit reduce ED RN compassion fatigue?
- Hypothesis: Receiving patient feedback on care provided during an ED visit will reduce compassion fatigue within the ED RN.

Chapter Two: Literature Review

The nurse-patient relationship is an interactive dyad where the nurses' emotional engagement, sense of values and ability to provide compassion are expressed through their beliefs and behaviors (Wiechula, et al., 2016). Negative experiences in the nurse-patient relationship can foster feelings of emotional exhaustion, depersonalization and low personal accomplishment leading to compassion fatigue and disengagement on behalf of the nurse (Bridges, et al., 2013). Patients sensed depersonalization when nurses used medical jargon or referenced them by bed number or medical diagnosis, which created a sense of distance and distrust of the nurse within the patient (Dinc & Gastmans, 2013). The perception of "caring" also differed between patient and nurse. Patients valued the technical skill that nurses brought to the relationship, especially in critical care areas, whereas nurses valued their listening and psychological skills as being better indicators of care (Papastavrou, Efstathiou, & Charalambous, 2011). Patients also viewed cohesive "teams" among the healthcare staff as positive, which was a positive influence in the nurse-patient relationship (Bridges, et al., 2013).

The chaotic environment and time constraints of the ED do not allow thorough or extensive nurse-patient relationships to develop. Bridges, et al. (2013) states that nurses find reward from positive patient relationships and ultimately benefit from these experiences through feelings of personal gratification and enrichment. When this is not achieved, it can lead to guilt and frustration to develop within the nurse, thereby contributing to compassion fatigue and disengagement. Environmental factors such as increased staff turnover, decreased knowledge and experience within the ED and lack of team cohesiveness are also exacerbated, which increases stress levels as a result poor time management and avoidable errors critical situations. This creates a perpetuating cycle of emotional exhaustion, depersonalization and low personal accomplishment.

Theoretical Framework

In this study, the principles of Parse's Humanbecoming Theory will be applied to enhance the ED RN perception of the nurse-patient relationship in effort to extend ED RN compassion satisfaction. The theory consists of three principles. The first is *structuring meaning*, where individuals choose the meaning of their realities by gaining knowledge to develop values and beliefs that guide their behavior. The second is *configuring rhythmical patterns*, where their day-to-day patterns and expressions are explained based on the choices and experiences they face. These allow for either engagement and potentiating of outcomes by personally revealing, enabling, and connecting, or disengagement and avoidance of consequences by concealing, limiting, and separating themselves. Lastly, *contrascending* takes place over time as the individual continues to change and transform as opportunities continue to arise. Change stems from beliefs related to power struggles, threats to the individual's being, feelings of uncertainty, and consequences related to conforming. Eventually, the individual adjusts their views throughout life to integrate the unfamiliar with the familiar to achieve contrascendence (Mitchell & Bournes, 2010).

Burnout within the ED RN utilizing the Theory of Humanbecoming can be applied as follows:

1. *Structuring meaning*: Frequent negative experiences within the work environment and nurse-patient relationship lead the ED RN to believe they are unable to provide adequate care (Bridges, et al., 2013). These beliefs and knowledge cause the ED RN to disengage as a self-protective mechanism (Sawatzky & Enns, 2012).

2. *Configuring rhythmical patterns*: These repetitive negative experiences cause the ED RN to conceal, limit and separate themselves from patients to avoid the consequence of feeling guilt and frustration as a result of failing to accomplish the goal of establishing a positive nurse-patient relationship (Bridges, et al., 2013). This results in depersonalization, which is expressed through negative and cynical attitudes projected toward the patient and coworkers (Adriassens, De Gucht, & Maes, 2015).
3. *Contrascending*: Power struggles and the inability to make a significant impact become the norm for the ED RN. Over time, he or she may choose to accept and perpetuate the familiar cycle, or opt to terminate their employment in the ED in effort to make a change. Each choice represents an adjustment of personal views to achieve contrascendence.

The assumptions of this study are to determine whether receiving direct patient feedback can help ED RNs to be aware of and appreciate the positive impact they have in the nurse-patient relationship in effort to break the negative cycle mentioned above. The goal is to create change within the first principle to help create a sense of personal accomplishment within the nurse, which will then potentiate engagement in the nurse-patient relationship and improve retention rates among ED RNs. The long-term impact would be an improved ED work environment with lower rates of turnover and compassion fatigue, which contribute to lack of experienced ED RNs, poor team cohesion, adverse patient outcomes and overhead expenditures as previously mentioned.

Major Variables Defined

Research variables. The independent variable is patient feedback regarding care received during the ED visit. The dependent variable is change in measured ED RN compassion fatigue over a one-year period.

Demographic variables. The ED RN in this study is defined as either a full or part-time RN working in the ED.

Compassion fatigue. Defined as dissatisfaction, frustration or depression characteristic of burnout that can create feelings of hopelessness within the individual, and difficulties in performing job related duties effectively.

Patient feedback. Defined as the personalized feedback of patients collected after their ED visit in regards to their perception of the care they received and the nurse-patient relationship.

CHAPTER THREE: METHODS PROPOSAL

High acuity units such as the Emergency Department (ED) suffer higher rates of compassion fatigue and disengagement among nurses due to time constraints, unpredictability, violence by patients towards staff, and exposure to traumatic events. This results in an increase in the following: (a) emergency nurse (ED RN) turnover rates leading to a younger less experienced workforce; (b) costs related to added training and absenteeism; and (c) rates of patient falls, medication errors, and infections (Gomez-Urquiza, De La Fuente-Solana, Albendin-Garcia, Vargas-Pecino, Ortega-Campos, & Canadas-De La Fuente, 2017).

The ED is an environment where patient volumes and acuities continue to rise, exacerbating the need for retaining qualified nurses (Sawatzky & Enns, 2012). In effort to combat compassion fatigue, the majority of research has focused on improving institutional factors such as management styles, staffing ratios, initiating employee feedback and recognition programs, and enhancing teamwork amongst coworkers. Lesser attention has been given to the ED RN's perception of the nurse-patient relationship, which when negative or unfulfilling, contributes to burnout and increased turnover. The purpose of this research is to determine whether providing nurses with patient feedback, which can help to validate the positive aspects of the ED RN-patient relationship, ultimately improve their compassion satisfaction within the ED setting.

Research Question

- Does receiving patient feedback on care provided during an ED visit reduce ED RN compassion fatigue?
- Hypothesis: Receiving patient feedback on care provided during an ED visit will reduce ED RN compassion fatigue.

Research Design

This is a quantitative, quasi-experimental study to assess for statistically significant changes in compassion fatigue among ED RNs measured prior to implementing a patient feedback program and quarterly thereafter for a period of 2 years after the intervention. The independent variable consists of individualized patient feedback provided to the nurse in a face-to-face setting where nurses and patients can interact outside of the acute care setting in a relaxed, neutral environment that promotes social interaction between patients and ED RNs. The goal is to provide both patients and ED RNs and setting where the brief nurse-patient relationship established in the ED can be explored and expanded upon. Patients will be encouraged to share their experiences regarding their ED visit, and the impact of the care provided to them by the ED RN. This will allow the RN an opportunity to receive feedback, hear the patient's perspective, and understand their impact on the patient's experience of the care they received during their ED visit. The dependent variable is the level of compassion fatigue measured prior to, during and after implementing the patient feedback program.

Sample

Statistical significance is set at $p < .05$ ($\alpha = .05$), with a 95% confidence interval. Upon review of the literature, no previous effect size was mentioned, therefore a moderate effect size of .30 as defined by Cohen, was chosen to demonstrate the magnitude of a relationship between receiving patient feedback and compassion fatigue. (Kellar & Kelvin, 2013). A power of .80 was set to detect significant differences to support rejecting the null hypothesis that receiving patient feedback does not improve ED RN level of compassion fatigue (Kellar & Kelvin, 2013). Utilizing G*Power Version 3.1.9.2, it was determined a total sample size of 150 is required to support statistical significance with 1 baseline measurement and 5 additional measurements being compared over the course of the 2 year study (Faul, 2014). Accounting for a loss factor of

20%, this would require an actual sample size of 180 participants total with approximately 30 RNs per group. Demographic variables will include gender, age, race, level of education, years at current employer and years in field, and are based on those references in the ProQOL manual (Stamm, 2010).

Participants will be chosen based on a convenience sample of nurses employed at a 60-bed trauma, cardiac and stroke center designated ED, located within a 365-bed hospital in Southern California that is capable of treating all patient conditions. The facility is Union affiliated and Magnet designated. Over 200 RNs are employed within the ED, but only those meeting full or part-time criteria were included in the study. Demographics within the group will be recorded and vary according to age, gender, race, level of education, years at current employer and years in field. All qualifying ED RNs will be recruited by invitation sent via email and displayed in common areas, such as employee lounges and break rooms (Appendix A).

Threats to Internal Validity

History in regards to RN personal experiences, social or economic factors can pose a threat to internal validity, as can unforeseen circumstances that arise during the study, such as social, economic, environmental and global issues that affect the ED environment and work flow. Unfortunately, none of these external influencing factors cannot be controlled to reduce the threats to internal validity. In conjunction the previously mentioned, Magnet designated hospitals have greater RN job satisfaction rates resulting in lower turnover (American Nurses Credentialing Center, 2018). This study will be conducted in a Magnet designated hospital that already utilizes practices to improve RN satisfaction and reduce compassion fatigue. These practices may pose an external threat to internal validity, and therefore the methods proposed in this study cannot be considered to be the primary influencing factors affecting ED RN

compassion fatigue outcomes. They only seek to explore one facet of RN satisfaction to further improve incidences of compassion fatigue beyond those already achieved by Magnet designation. Personal individual experiences, stressors or trauma are all uncontrollable factors that may affect an ED RNs perception of the work environment regardless of the nurse patient relationship, and may affect overall levels of compassion fatigue within the ED RN regardless of intervention outcomes.

Limitations

Only about 9% of hospitals within the United States are Magnet designated (Campaign for Action, 2017). As previously mentioned, Magnet designated hospitals have multiple practices in place currently to decrease incidences of compassion fatigue. The generalizability of this study will be limited to similar Magnet hospitals where the combined effects of both positive feedback and other institutional practices to promote RN job and compassion satisfaction are dually employed, which mimic the circumstances in place during the course of this study. Outcomes may not be considered statistically significant when implemented independently of practices currently in place consistent with Magnet designation criteria.

Measurement Methods

Intervention protocol. Individual participation to attend each meet-and-greet event for both ED RNs and patients will be voluntary. A written and mailed invitation to participate in the meet-and-greet session with be provided to both patients and ED RNs approximately one month prior to the event, and will require a reservation of attendance. The invitation will consist of an informational flier and be posted in designated staff areas, such as break rooms and notification boards, and sent directly to RNs via email (Appendix A). Participation will be offered to all current full and part-time ED RNs and all previous patients within a 1 year time of visit. The

invitation will inform participants of the opportunity to reconnect with each other outside of the acute care setting with the goal of allowing the ED RN the opportunity to see and understand the patient's perspective and progress related to their healthcare experience while also allowing patients to meet, interact with ED RNs.

RN participation will be determined based on a first-come first-served basis, whereas patient participation will be given priority to those with unique, life-threatening, or life-changing experiences. Each meet-and-greet event will be held at a location outside of the hospital setting in effort to create as neutral of a setting as possible and remove any negative emotions the acute care and hospital settings can elicit. Each event will consist of a 3-hour block from noon to 3 P.M., and participants may leave at any time. Participants will be given name tags identifying themselves personally and stating whether they are a patient or RN. A minimum of 10 patients and 20 RNs will be required for each event, and a maximum of 20 patients and 40 RNs will be allowed at each event.

Patient and family participation involves informing patients of the study and the opportunity to participate upon discharge utilizing an informational flier, which is included in their discharge packet. The informational flier describes the purpose of the study, a preview of the questions and information to be elicited on the patient's behalf, and provides contact information for patients to utilize if they are interested in participating (See Appendix B). To maximize patient involvement in the study, a research assistant will be assigned to follow up with patients at a later date to remind them of their invitation to meet with ED RNs.

Each event will begin in a structured manner, and will allow for unstructured socialization among participant halfway through the event. Patients will also be offered the opportunity to highlight their stories to share with the group. They will have the opportunity to

personally share their stories as a presentation to the group or have a representative at the event share their stories on their behalf. Patients' family members will also be given the opportunity to share their perspectives and stories in situations where patients are either unable to do so due to lack of recollection or inability to effectively communicate their experience. These personal stories would include what brought the patient to the ED, their ED experience, a brief summary of their current situation. Guiding questions for the presentation of their story that will be provided to the patients and families in advance are found in Appendix C.

The goal is to highlight the ED experience and how it impacts the patient's present day perspective in effort to help the ED RN understand the impacts of their care on the patient's experiences as previously mentioned. Participants will be asked to complete the questionnaire included in the patient invitation to participate in effort to guide the exploration of the patient's experience for presentation to ED RNs during each event (Appendix B). Following the structured portion of the event, participants will be given the opportunity to freely mingle and socialize in effort to allow for more personalized interactions to occur, and interpersonal relationships to develop between the patients and RNs.

Data collection. Institutional Review Board (IRB) approval will be obtained due to involvement of both ED RNs and patients in the data collection and intervention implementation process involved in this study. Levels of compassion fatigue will be measured prior to implementing the patient feedback program, 3 months after initiation and every 6 months thereafter for a period of 2 years after implementation of the program. Collection of personal information is required to prevent duplicate administration of the ProQOL survey to participants. Each participating individual will be assigned an identification number, and all identifiable

participant information will be stored in locked computer files, and destroyed 3 years after conclusion of study to maintain confidentiality.

Participation in the study will be voluntary by both ED RNs and patients. Each participating RN will be assigned an identification number, both to maintain confidentiality and to keep track of participation to prevent any individual RN from participating in repeated measurements to avoid skewing results. Prior to the initiation of the patient feedback program, participating ED RNs will complete the Professional Quality of Life Scale (ProQOL) Version 5 scale, and results will be calculated among the group (Appendix C) (Stamm, 2010). This survey uses Likert scale scoring to measure levels of compassion satisfaction, burnout, which encompasses compassion fatigue, and secondary traumatic stress. In general, a lower score signifies a lower level of compassion fatigue and vice versa. Validity and reliability of the scale to measure compassion fatigue has an alpha scale reliability of 0.75. Statistical Package for the Social Sciences (SPSS) is used to convert the raw score to t-scores for interpretation per the ProQOL manual instructions (Stamm, 2010).

Participating RNs will be required to attend at least one patient-nurse social event that provides an environment to allow for ED RNs to receive patient feedback regarding their ED experience. The ProQOL will be administered to all RNs who attended each event, and scores will again be calculated for the group. This process will repeat at the 3-month and 6-month marks and every 6 months thereafter for a period of 2 years from initiation of the program, and differences between initial and final measurements will be compared. These events will not pair specific patients to their specific ED RN due to patient privacy regulations, therefore these events will offer ED RNs as a group the opportunity to receive feedback on patients' experiences and perceptions of their ED visit. General demographic make-up of the group, including age,

gender, race, years at current employer, and years in field will also be collected (See Appendix D).

Analysis. Measures of central tendencies will be reported using a nominal scale of measurement to include mean age, gender, race, level of education, years at current employer and years in field based on the information obtained from the demographic questionnaire (Appendix D). Gender options will be limited to male, female, transgender, other, or prefer not to say. Race options will include Asian/Pacific Islander, black or African American, Hispanic or Latino, Native American or American Indian, and other. Level of education with be limited to associates, bachelors and masters degree or higher.

Level of compassion fatigue will be collected and recorded as a ratio scale of measurement, whereas participants will be categorized using a nominal scale of measurement. All data will be analyzed using SPSS software. A one-way ANOVA test will be used to determine mean differences in compassion fatigue over the course of the study. Baseline compassion fatigue will be measured prior to initiation of the intervention, and additional analyses will be made at the 3-month mark and every 6 months thereafter between the initial group polled and the group attending the meet-and-greet event. This constant assessment will provide data on both ongoing significance of each session, and allow for an overall measurement of compassion fatigue from baseline to 2 years after initiation of the patient feedback program. At the conclusion of the study, if a statistically significant difference between group scores is found, a Bonferroni post hoc test will be completed to determine where the statistically significant differences exist.

Bias

Bias within the RN group can affect participation due to a first-come, first-serve basis and may create a bias towards those who respond quickly rather giving priority to RNs involved directly in specific patient care. No special considerations or invitations for participation will be made for RNs who are no longer employed within the participating ED despite the possibility that they may have been directly involved with a specific patient's care. Patient participation is affected by patients' personal experiences, ability to communicate their experiences and priority being placed on unique, life-threatening, or life-changing experiences. Participants of both groups may be affected by timing of each event between noon and 3 P.M. may create scheduling conflicts for participants, and therefore may bias the participant selection process. Institutional biases can exist due to availability of resources to conduct such a program and therefore not all institutions may be able to replicate results. As previously noted in setting of the study, external factors specific to Magnet designated facilities can also affect compassion fatigue among ED RNs. Measures of compassion fatigue may also be impacted by extenuating circumstances within RNs that cannot be controlled for, such as individual, financial, or social stressors. All of the circumstances mentioned above have been considered and measures have been implemented to minimize bias.

Ethical Considerations

The ED is a stressful environment for both RNs and patients, and reliving traumatic events for both parties can cause repeat emotional trauma and stress for participants. In effort to prevent these negative outcomes from occurring, a social worker, chaplain, and a list of mental health resources will be available to participants before, during and after each session for to utilize if needed. The overall goal of the study is to create change related to compassion fatigue

by fostering a working relationship between the ED RNs and patients rather than reliving stressful events.

Given that the study involves personal experiences of patients, patient privacy will be maintained throughout the entire participant selection process. Patients will have the opportunity to disclose their identity or remain anonymous once they chose to participate. No personal information or identifiers will be recorded during the data collection process. Nametags at each event worn by participants will only have first names noted. Information regarding participants for each event will remain confidential preceding and following each event. Photos, video or audio recordings will prohibited to ensure participant privacy.

Summary

The RN-patient meet-and-greet sessions are semi-structured in effort to set a foundation for an alternative perspective to be presented in effort to foster or strengthen a relationship between ED RNs and patients. A baseline measurement of compassion fatigue will be taken, and repeated 3 months after, and every 6 months thereafter for a period of 2 years will be measured after each corresponding event takes place. Analysis will be conducted at the conclusion of each meeting to assess for statistical significance in change from baseline compassion fatigue measurements. Efforts to control bias have been made, although there are a number of external circumstances affecting bias that cannot be controlled. While this setting can trigger negative emotions within participants, efforts to counteract these negative outcomes have been addressed.

CHAPTER 4: GRANT ELEMENTS

Three Potential Grants

American Association of Critical-Care Nurses (AACN) offers an annual research grant of $10,000 to members of either AACN or Sigma Theta Tau International, and where the principal investigator has a minimum of an earned master's degree. The research priority areas for this grant focuses on technology to improve patient outcomes, creation of a healing and humane environment, analysis and enhancements to processes and systems that contribute to critical care nursing, effective approaches to symptom management, and decreasing complications (AACN, 2020). The application of this study to this grant falls within the creation of a healing and humane environment among nursing staff by reducing compassion fatigue and improving overall nursing care and patient outcomes. This research also aligns with AACN's vision, mission and agenda in regards to providing optimal care and meeting the needs of patients and families who are critically ill by questioning practice, changing the norm, and teaching the rational for change to others within and beyond the critical care environment. The application deadline for this grant is Friday, October 30, 2020, and funding is scheduled for March 2021. Annual progress report are due to AACN March 1 of each year (AACN, 2020).

The National Institutes of Health (NIH) offers multiple grant opportunities to applicants whose research is consistent with the scope of mission of one of the many participating institutes listed in the funding opportunity announcement, which include but are not limited to the National Institute of Mental Health (NIMH) and the National Institute of Nursing Research (NINR). The NIMH (2020) research agenda includes advancing research to improve clinical care by addressing issues that involve the brain, behavior and community. The NINR (2020) research agenda includes building upon the scientific foundation of clinical practice in effort to prevent

disease and disability, and to minimize symptoms caused by illness, which are principals consistent with the goals of this research. The research of this study is consistent with the agendas of both these agencies as a result of studying the psychological effects of compassion fatigue on ED RNs, which ultimately affects clinical practice, with the goal of identifying interventions to reduce compassion fatigue to improve both clinical practice and minimize psychological trauma to ED RNs. Reducing these negative impacts contributes to a healthy physical and mental state for the RN, which is reflected in the care they provide in the clinical setting and positively affects patient outcomes.

The first identified grant offered by the NIH is the Dissemination and Implementation Research grant, which is a funding opportunity for the broad purpose of developing innovative strategies to overcome barriers, and improve the delivery of healthcare overall. The opening period for funding, which is May 8, 2019 through May 8, 2022 (NIH, 2020a). The second grant offered by the NIH is the Research Project Grant, which has the same purpose of research as the Dissemination and Implementation Research grant mentioned above (NIH, 2020b). The open date for this grant is May 5, 2020 with an expiration date of May 8, 2023. The following requirements are applicable to both funding opportunities: (a) the research must have the overall goal to disseminate and implement research findings that are relevant but not limited to clinical decision-making, organizational and management theory, and individual and systems-level behavioral change, (b) funding is based on actual costs of the research, and no limits are specified, (c) due dates for applications are 30 days prior to January 25, May 25, and September 25, (d) the research must be completed within a 5 year timeframe, and (e) annual reporting of financial statements is required (NIH, 2020a, 2020b).

Selected Grant

Since the purpose of this research is more specific to the purpose of the AACN grant, it will be the selected grant for this research project.

Budget

Personnel for the study will include a main researcher, research assistant, social worker and chaplain. Pay rates for each role are based on averages obtained from Salary.com (2020) for each position in the San Diego area. Hourly rates for each role and total requested salary are outlined in Appendix H. The total number of budgeted hours for each role are as follows: (a) main researcher = 60 hours, (b) research assistant = 25 hours, (c) social worker = 37.5 hours, and (d) chaplain = 37.5 hours. Since hours required by each role during the study are minimal, sporadic, and require less than 20 hours per week at any given timeframe, fringe benefits were determined to be 9.9% of the salary and based on educational research faculty fringe benefits for employees with less than full benefits in California (The Regents of the University of California, 2019).

Supplies are minimal for the project and include paper and pens for ED RNs to complete the ProQOL survey. Each event is planned to be held in a conference room within the administrative office buildings associated with the hospital where the study is being conducted. The selected building has multiple conference rooms that can accommodate unto 120 individuals at one time and can be reserved free of charge. Therefore, no funds were allotted for consortium or contractual costs for facilities. Since each event will be catered, a budget of $650 per event was allotted for a 45 individual boxed lunches for all attendees at each of the five events. See Appendix H for exact costs related to each budget category.

Timeline

Initiation of the project would occur on April 1, 2021 at which point invitations to patients would be sent out in preparation of the first meet and greet event scheduled for late April 2021. This would allow 1 month to recruit the desired goal of 10 patients for the first event. Nurse invitations would be posted effective April 1, 2021, with a deadline to respond within 2 weeks for attendance to the first meet and greet event scheduled for late April 2021. Repeat invitations to participate and attend events will be offered throughout the two year duration of the study prior to each event in effort to maximize participation and obtain the desired sample size of 180. The first survey measuring baseline compassion fatigue will occur after the April 1 start date and before the initial April meet and greet event. From that point forward, each additional survey will be completed immediately following each meet and greet event. Events will be scheduled as follows: April 2021, July 2021, January 2022, July 2022, and January 2023.

Plan for Dissemination of Findings

Findings of the study will be disseminated via an appropriate scientific nursing journal and nursing conferences. Given the nature of the study pertaining to ED RNs, the Emergency Nursing Association (ENA) would be an applicable forum to disseminate findings. Both the ENA and American Association of Critical-Care Nurses (AACN) hold annual conferences. Both organizations focus on nursing research and practice improvement. Their objectives are aimed at improving bedside nursing, leadership, and management as it relates to both fields (ENA, 2020, & AACN, 2020). The primary focus of this study relates to the ED RN population, but compassion fatigue is a problem that affects all nurses working in a critical-care setting. Therefore, the findings of this study may be useful to critical-care settings outside of the ED.

The target journal for this study's publication is the Journal of Emergency Nursing (JEN), published by the ENA. This journal focuses on evidence-based research and updates related to

professional issues, practices, and challenges related to EDs and ED RNs, and publications are released bi-monthly (ENA, 2020). The ENA also holds an annual conference in varying cities across the United States, which usually consists of a three day event. Specific dates of each conference are announced approximately one year in advance, therefore dissemination of findings from this study would be anticipated for presentation at the next annual conference following completion of the study on January 2023.

The AACN also holds an annual four day conference in varying locations across the United States, which focuses on education, excellence and inspiration in regards to critical-care nursing (AACN, 2020). Similar to the ENA, specific conference dates are not released until one year in advance, and given the completion of this study in January 2023, anticipated dissemination of findings would occur at the next AACN conference in May 2023 following the conclusion of the study.

References

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Appendix A: Nurse Invitation

Dear Nurse:

My name is Crystal Limonta and I am a Nurse Practitioner student at California State University San Marcos School of Nursing program. I am kindly requesting your participation in a research study titled: Reducing Emergency Nurse Compassion Fatigue. The intention is to assess how receiving patient feedback regarding emergency room experiences and care received, affects emergency room nurse compassion fatigue levels.

The study involves attending one meet-and-greet event where patients will present their emergency room visit experiences, which will then be followed by an open socialization between nurses and patients. The event will take place in a non-clinical setting where an estimated 15 patients will present to a group of approximately 30 nurses. Food and refreshments will be provided, and the event will last approximately 3 hours.

You will be asked to complete two questionnaires, which include a demographic survey of the participant and a Professional Quality of Life Survey related to your profession. These will be completed only once during the course of the study.

Your information will remain confidential throughout the study. Although given the nature of the group setting, complete confidentiality cannot be guaranteed. No video or audio recordings will be allowed, and you may choose to withdraw at any time. Given the sensitive nature of the study, social worker, chaplain and mental health resources will be made available to you before, during and after each event. Participation in completely voluntary, and there is no compensation involved.

Your participation in the research would helpful in assessing the impact of patient feedback on emergency room nurse compassion fatigue levels. If you would like to participate in this study or if you have any questions, please contact me at (XXX) XXX-XXXX or email me at username@cougars.csusm.edu to discuss enrollment in this study.

Thank you for your time and consideration.

Sincerely,

Crystal Limonta, BSN, RN, CEN, MSN(c)

Appendix B: Patient Invitation

Dear Patient:

My name is Crystal Limonta and I am a Nurse Practitioner student at California State University San Marcos School of Nursing program. I am kindly requesting your participation in a research study of how receiving patient feedback regarding emergency room experiences and care received, affects emergency room nurse compassion fatigue levels.

The nurses are the subjects of this study. You are being invited to meet with them and would require you to present your emergency room experience, either personally, with the help of family, or through proxy, to a limited group of emergency room nurses. You will be asked to reflect on the following questions to guide your presentation:

- What was the reason for your visit to the emergency room?
- Please describe a time or moments in the emergency room when the nurse was helpful to you. For example, it could be something he/she said or did. How was this helpful to you or not, and how?
- What recommendations or feedback would you like to share with emergency room nurses regarding your experience and experiences for future patients?

This presentation will take place in a non-clinical, private setting where your and other patients' can share your experiences with the nurses, followed by social gathering between you and the nurses. It is estimated that you will be part of a group of 15 patients presenting to approximately 30 nurses. Food and refreshments will be provided, and each event will last approximately 3 hours. However, you may leave at any time you wish. If recalling your experiences becomes emotionally distressing, a social worker, chaplain, and mental health resources will be made available to you before, during and after the event.

I anticipate offering several of these gatherings. You may participate in as many events as you wish as your experience can be so valuable to share with the nurses.

Your information will remain confidential outside of this gathering. Given the nature of the group setting, complete confidentiality cannot be guaranteed. No video or audio recordings will be allowed, and you may choose to withdraw at any time. Participation in completely voluntary, and there is no compensation involved.

Your participation in the research would helpful in assessing the impact of patient feedback on emergency room nurse compassion fatigue levels. If you would like to participate, please contact me at username@cougars.csusm.edu. You may also contact me for any questions you may have.

Thank you for your time and participation.

Sincerely,

Crystal Limonta, BSN, RN, CEN, MSN(c)

SECTION 8: THE PROQOL TEST AND HANDOUT
PROFESSIONAL QUALITY OF LIFE SCALE (PROQOL)

COMPASSION SATISFACTION AND COMPASSION FATIGUE
(PROQOL) VERSION 5 (2009)

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.

Appendix D: Demographic Survey Form

Reducing Emergency Nurse Compassion Fatigue

Nurse Questionnaire

NAME: _____

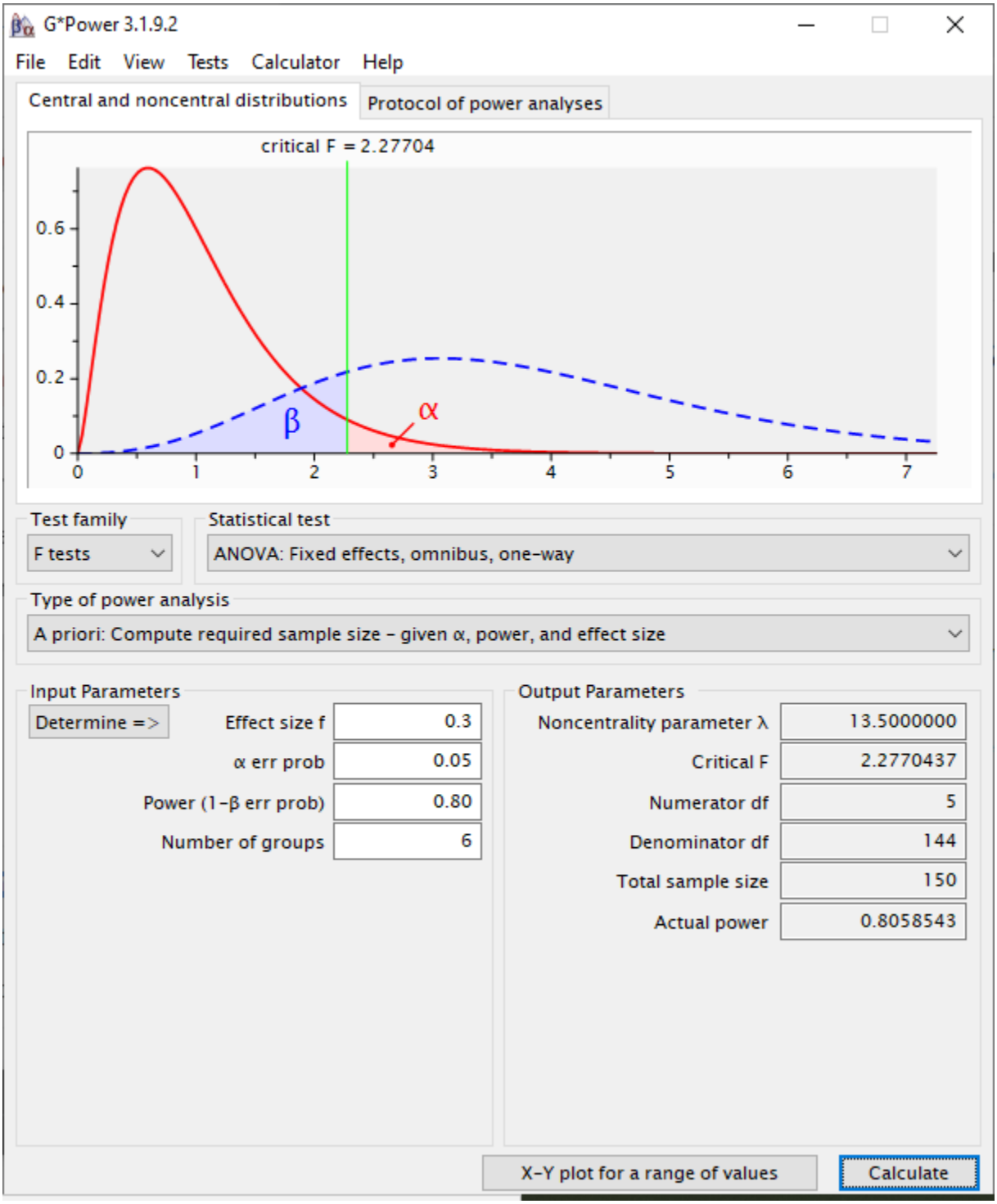
DATE: _____

EMAIL: _____

Please answer the following questions:

1. What is your age?
2. Gender (circle one): MALE FEMALE TRANSGENDER OTHER PREFER NOT TO SAY
3. What is your race/ethnicity?
    a. Asian/Pacific Islander
    b. Black or African American
    c. Hispanic or Latino
    d. Native American or American Indian
    e. Other
4. How long have you been employed with your current employer?
5. How long have you worked as an Emergency Department Nurse?
6. What is the highest level of education you have completed?
    a. Associate degree
    b. Bachelor's degree
    c. Master's degree or higher

Appendix E: G Power Analysis



Appendix F: IRB Application

California State University
SAN MARCOS

Limited/Expedited or Full Review Application Form

Instructions:
Please fill out this application form using clear language and lay terms. Please answer each section as completely and as concisely as possible. Some questions may not apply to your study. In that case, please add "not applicable" in the text box. Please upload this application form along with additional documents that are supplemental (as applicable) to your submission in IRBNet. For more information, please visit the IRB website. For questions, please contact IRB office at (760) 750-4029 or irb@csusm.edu.

Project Title	Reducing Emergency Nurse Compassion Fatigue
Proposed Start Date	Summer 2020

Faculty/Staff Investigator:

Name	Dr. JoAnn Daugherty	Department/College	School of Nursing
Phone Number	xxx-xxx-xxxx	E-mail:	xxxx@csusm.edu
Date CITI Training Completed	11/11/2018		

Student Investigator: *(if the student is the principal investigator)*

Name	Crystal Limonta	Department/College	School of Nursing
Phone Number	xxx-xxx-xxxx	E-mail:	xxx@cougars.csusm.edu
Date CITI Training Completed	03/07/2018		
Faculty Advisor Name	Dr. JoAnn Daugherty	Department/College	School of Nursing
Phone Number	xxx-xxx-xxxx	E-mail:	xxxx@csusm.edu
Date CITI Training Completed	11/11/2018		

REMINDER: Once the student investigator has completed this application form, he or she must e-mail it to their faculty advisor for review and feedback. Once the faculty advisor gives permission to the student to move forward, then the student will upload this application form along with additional documents to IRBNet. Once the student uploads all the documents, then s/he will share the IRBNet package with the faculty advisor. The faculty advisor must have an IRBNet account to approve the package as the "advisor" by logging into IRBNet. The faculty advisor will receive a notification via e-mail that the package has been shared with them and that they need to sign the package in IRBNet. Please do not "submit" your package in IRBNet until your faculty advisor has signed your package. For more information, please visit the IRB website.

Checklist: Check the additional documents that are uploaded in IRBNet. Check **ALL** that apply:

- ☑ CITI Training Certificate for the principal investigator and the faculty advisor, if applicable.
- ☑ Letter of support (if you are collecting data off campus, you need to provide a letter of support from the research site. The letter of support must include the letterhead of the organization and list the research activities to provide evidence that the organization is knowledgeable about the study.
- ☑ Survey(s), questionnaire(s), and/or interview questions. If you are using an online survey, please upload a PDF copy of the survey.

Checklist (continued...): Check the additional documents that are uploaded in IRBNet. Check ALL that apply.

- [x] Recruitment flier(s), script(s), or advertisement for newspaper, listservs, radio, or TV.
- [ ] Consent and child assent form(s) or information sheets. You must provide a separate form for each population group. Please use consent and assent form templates on IRB website. The information provided in this application form must match with the information provided in the consent form or information sheet.
- [ ] **Ed.D. students in the Joint Doctoral Program Only**: Sign, scan, and upload the UCSD-CSUSM JDP IRB Cover Sheet in IRBNet.
- [ ] Verification of translation form (Only for consent and/or assent forms in languages other than English and Spanish)

1. Type of Review (Please select one.)

- (•) **Limited/Expedited Review:** Research studies that are minimal risk qualify for limited/expedited review. These studies include but are not limited to benign interventions that involve children (e.g. lab studies) and secondary research that involves collection of identifiable biospecimens where broad consent is required. If limited/expedited review is selected, your submission will be assigned and reviewed by an IRB committee member within three weeks.
- ( ) **Full Review:** Research studies that are more than minimal risk are qualified for full review. If full review is selected, your submission will be reviewed by the IRB committee at a bi-monthly scheduled meeting during the academic year. The IRB committee does not meet during summer.

2. Funding: Is this research study funded?

(•) Yes ( ) No

If yes, please check one below:

- ( ) Internally funded
- (•) Externally funded -> Please provide the funding source:

3. Purpose of Project

Describe the goal(s) of your project. List your research question(s) and discuss why the question is important, and how your study will attempt to answer it. Include how your literature review supports this with at least three citations. [Please do not exceed two paragraphs. Please use lay language.]

The purpose of this study is to provide emergency nurses with patient feedback and perspectives regarding emergency room care in effort to reduce compassion fatigue, which is a common occurrence among emergency room nurses

4. Number of Participants

A) Provide the total number of participants (or number of participant records, specimens, etc.) for whom you are seeking IRB approval. If you have more than one population group, please list the expected number of participants for each population group in your research study.

Approximately 200

B) Is this a multi-site study?

○ Yes -> If yes, indicate the total number of participants to be enrolled across all sites

◉ No

5. Participant Population

A) Describe all characteristics of participants including their primary language, age, gender, ethnicity, and vulnerabilities. Explain why you are targeting this specific population.

English speaking men and women, 18 years and older of varying ethnicities. Full and part-time registered nurses employed in the emergency department and patients who received care in the same emergency department. This specific population has been targeted for the purpose as previously described above

B) Indicate whether anyone might be excluded from participating in your research study. If so, please explain why.

No particular exclusions identified

6. Participant Recruitment

A) How will you find, recruit, or identify potential subjects? How will you select the final group of participants from those who expressed interest in participating in your study? REMINDER: Please upload flyers, posters, or other oral or written invitations or recruitment script used to recruit potential participants in IRBNet.

Participants will be recruited based on a convenience sample utilizing an invitational flier informing potential participants of the opportunity to participate. Actual participants will be chosen on a first come, first serve basis.

B) Will participants receive compensation or other incentives?

○ Yes ◉ No

If yes, please explain the type (e.g. course credit, gift cards, cash payment, parking, etc.), the amount and timing of compensation or incentive. Compensation plans should be incremental (not contingent upon study completion) to avoid coercion or undue influence.

N/A

7. Informed Consent Process

REMINDER: Please upload the consent (and child assent, if applicable) form, information sheet if requesting a waiver of consent or a waiver of documentation of consent, or broad consent form in IRB Net.

A) If participants are 18 years old or older, how and when will you explain the study including the required elements of informed consent to participants? How and when will participants receive the adult consent form?

A written informed consent will be provided to all potential participants upon invitation to participate in the study and prior to attendance to any events, which will describe key information, purpose, number of participants, procedures, risks and inconveniences, safeguards, confidentiality, voluntary participation, benefits of partaking, lack of incentives, possible related injuries and contact information pertaining to the study.

B) If your study includes participants younger than 18 years old, how and when will you explain the study including the required elements of informed consent to parents and children? How and when will the parent receive the parent consent form? How and when will the child receive a verbal explanation of the study (if age 7 and younger) or the child assent form (for ages 8-17)? [Please note that signed parent consent form must be received before obtaining child assent to participate in the study.]

N/A

C) Will you or a student/research assistant obtain consent from participants?

Yes

D) How much time will participants have to consider participating between the explanation of the study, the receipt of the consent form (and child assent form, if applicable), and the beginning of the study? [Please note that participants should be given sufficient time between when participants receive the consent/assent form and when they are expected to sign and return the form to avoid coercion or undue influence.]

30 days

E) Are you requesting a Waiver of Consent or a Waiver of Documentation of Consent for collecting data other than secondary research for which consent is required? [Please note that electronic signatures are accepted as documentation of consent, so you do not need to request a Waiver of Documentation of Consent if you plan to obtain electronic signatures. Additionally, you cannot request a waiver of consent if the research involves more than minimal risk]

○ Yes ◉ No

If yes, please explain:

(1) how the research cannot practically be done without the waiver of consent or a waiver of documentation of consent, AND

(2) how participants will be provided information about the study including the required elements of informed consent with an information sheet or verbally?

N/A

F) If your study will use incomplete disclosure of the purpose of the study or deception, explain the incomplete disclosure or deception, and provide a rationale explaining why it is necessary for the research.

N/A

G) If you will ask participants for broad consent for the use of identifiable private information or identifiable biospecimens, list the specific future uses of the information or biospecimens for which participants are giving consent.

N/A

H) If using secondary research where broad consent has already been obtained for collecting, storing, and maintaining identifiable private information or identifiable biospecimens, explain the informed consent process that was followed to obtain consent from participants.

N/A

I) If any participants are not fluent or comfortable with English, please explain how you will ensure that participants understand the research activities and required elements of informed consent before giving their consent to participate in your study.

REMINDER: If participants need consent and/or assent forms in a language other than English or Spanish, the researcher must upload Verification of Translation form in IRBNet after the English version of the consent form has been reviewed and approved.

N/A

8. Data Collection and Procedures

A) Describe the type of data you plan to collect as part of your research study. Please check ALL that apply.

- ☐ Biospecimens (including blood, urine, saliva, hair, sweat, etc.)
- ☑ Surveys, questionnaires, or interviews
- ☐ Observation of participants
- ☐ Audio, video, image, digital or non-digital records
- ☐ Other:

B) Please provide a step-by-step explanation of how you will collect the type of data you checked above in the order it occurs. Additionally, indicate the duration of each data collection method as applicable. For example, if using surveys, questionnaires, or interviews, explain how often participants will be asked to complete them and how long it will take for participants to complete them. If using biospecimens, explain how much and how many times biospecimens will be obtained from the participants.

REMINDER: Please upload a copy of the survey(s), questionnaire(s), interview(s) and/or observation protocol (if applicable) in IRBNet.

Attendance of a meet-and-greet event of approximately 3 hours (12:00-3:00pm) where patients share their emergency room experiences with ER nurses. First 1.5 hour of event is structured in a presentation form where patients present their stories, and last 1.5 hour is unstructured for socialization among all participants. Events will be held in a private non-clinical setting and food and refreshments will be served. A total of 5 events will take place. Average attendance will be 45 participants (15 patients and 30 nurses). Patients will be asked to share emergency room experiences to the group of nurses. Patients are given guidelines for what to talk about in the invitation to participate. Patients can either personally share responses, or choose a family member or proxy to share. One baseline survey will be completed by nurses upon initiation of the study and thereafter, nurses will complete a survey after each event.

C) Provide the projected dates/timeframe in which you plan to conduct your research study starting with the informed consent process. Include when each data collection will take place.

Project initiation Summer 2020, lasting for 24 months thereafter, with data collection storage lasting 3 years following the 2 year study period.

9. Risks and Inconveniences

A) Explain potential risks and/or inconveniences for each population group and data collection method mentioned above in section 8A. Risks may be physical or psychological (e.g. strong emotional reactions to researcher's questions). Inconveniences may include time required to participate in the research study. [Please be sure the risks listed here match the risks listed in your consent form or information sheet.]

- Psychological discomfort due to potential for strong emotional reactions by nurses or patients participating in the gatherings.
- Time required to travel to and participate in events
- Possible loss of confidentiality due to group setting

B) If applicable, please select which of the following vulnerable population will be involved in your research study:

☐ Prisoners

☐ Children

☐ Other vulnerable populations such as persons with impaired decision-making capacities, economically or educationally disadvantaged persons, etc.

C) Describe any special risks to vulnerable populations.

N/A

10. Safeguards

Please identify a safeguard for each risk you mentioned in section 9A. Explain how you will minimize each risk. If there is a risk for participants to have a strong emotional response or a physical inquiry, please list referrals and/or resources that may be offered (e.g. clinics or shelters, medical or psychological referrals). [Please be sure the safeguards listed here match the risks listed in your consent form or information sheet.]

• Social workers, chaplains and mental health resources will be provided before, during and after each event
• Confidentiality of participants will be maintained throughout the study during the data collection process
• Given the group nature of each event, confidentiality cannot be guaranteed during each event, but identifiable information will be limited to participants within the immediate group, first name only identification and prohibition of video, or audio recordings.
Volunteer patients may leave an event gathering or stop sharing their story at any time they wish. Nurse participants (the subjects of the study) may also leave an event and/or withdraw from the study at anytime.

11. Data Management and Confidentiality

A) Please explain how the consent and assent forms will be secured. Add the duration of time these forms will be kept and how they will be disposed. [These forms should be stored separate from the rest of the data collected as part of the study. They must be kept in a secure place for three years by the researcher.]

Responses and information will be confidential. Due to the nature of the groups, complete confidentiality cannot be guaranteed. The results if this study may be used in reports, presentations, or publications but no names will not be used. All information obtained will be stored in password protected computer files accessible only to the research team for a period of up to 3 years after the project is completed. Afterwards, all digital files will be erased.

B) Will personal identifying data (e.g. participants' names, phone number, home and/or e-mail address, student ID, birth date, etc.) be recorded?

(•) Yes ( ) No

If yes, explain what information will be recorded, how this information will be stored, and how you will protect the identity of the participants.

Names and contact information will be recorded on all participating nurses to prevent duplication of survey completion. All information obtained will be stored in password protected computer files accessible only to the research team for a period of up to 3 years after the project is completed. Afterwards, all digital files will be erased.

C) Please explain who will have access to the data collected, where and how data will be stored (e.g. password protected computers, locked filing cabinets, cloud storage, etc.), how long the data will be stored and how it will be disposed.

All information obtained will be stored in password protected computer files accessible only to the research team for a period of up to 3 years after the project is completed. Afterwards, all digital files will be erased.

D) If biospecimens will be banked for future use, describe where the specimens will be stored, how long they will be stored, how the specimens will be accessed, and who will have access to the specimens.

N/A

E) If biospecimens will be banked for future use, describe the procedures for releasing specimens including the process to request a release, approvals required for release, who can obtain specimens, and the data to be provided with specimens.

N/A

12. Location of Study

Where will the research be conducted? Describe any risks to the participants or confidentiality issues related to using this location. [If your research study involves multiple sites, describe risks and confidentiality issues for each research site.]

REMINDER: If you are collecting data off campus, please upload the Letter of Support from the organization in IRBNet.

Nurse participants and patients will be chosen from a convenience sample from a San Diego based hospital emergency department. Actual meet-and-greet events and questionnaire completion will take place in a non-clinical setting. No video or audio recording will be allowed during events to ensure confidentiality, but given the group setting nature of the study, confidentiality cannot be entirely ensured.

13. Safety Monitoring (Only for studies that are more than minimal risk and need full review)

Please explain how you will periodically evaluate the data collected regarding harms and benefits to determine whether participants remain safe.

Review of data collected will occur at the baseline, 3mo, 6mo, 12mo, 18mo and 24mo intervals at which point harms and benefits will continually be assessed to ensure participants remain safe. Patient volunteers will be debriefed before, during and after each event with mental health resources, social worker and chaplain resources available to support and maintain mental health safety/stability. The patient volunteers will be free to leave the gathering or stop sharing their story at any time.

14. Data Sharing (Only for studies that include multiple research sites)

Please explain how you will store and share data across multiple research sites and who will have access to it.

N/A

15. Alternative to Study Participation (If Applicable)

Describe alternative activities non-participants could do during data collection. For example, if conducting a survey in the classroom, explain how those who decided not to participate in the study will spend their time while participants take your survey.

N/A

16. Participant Debriefing or Feedback (If Applicable)

Describe any feedback or information you will offer participants at the end of the study. [If deception is involved in your research, participants must be debriefed about the nature of the study as soon as possible. Participants must be made aware of the incomplete disclosure of the purpose of the study or deception, including their right to withdraw any record of their participation. You may consider giving the opportunity for participants to request a copy of the results of the study.]

Social worker, chaplain and mental health resources will be available to all participants as a safeguard to the psychological risks the study poses.

17. Study Benefits

A) Discuss any potential individual and/or societal benefits. [Please note that often there is no direct benefit for the participants, however, the study contributes to the literature or future research.]

There are no direct benefits to participation in this study, however, the nurses participation will help determine the impact of patient feedback on emergency nurse compassion fatigue levels

B) Please explain how the benefits from this study exceed the risks to participants?

The potential emotional discomfort risk will be mitigated by having mental health professional available. The potential benefit of reducing compassion fatigue by positive interactions between nurses and former patients is greater than the potential risk.

18. Qualifications of the Researcher(s)

A) Briefly outline the principal investigator's qualifications and experiences related to the research study.

CSUSM School of Nursing MSN - Family Nurse Practitioner Student
MSN (c), BSN, RN, PHN, CEN
7 years emergency room RN experience at Cardiac, Stroke and Level II trauma center/emergency department

B) If the principal investigator is a student, include faculty advisor's qualifications.

JoAnn Daugherty PhD, RN, CNL has worked in high acuity nursing (Intensive Care Unit & Post-Anesthesia Care Unit) for 30 years. She has worked with families in crisis during emergency events and is also familiar with the Emergency Department Environment. She has co-conducted research on nurse burnout and compassion fatigue.

C) If using student or research assistants, please explain how you will ensure that these assistants are trained and qualified to assist the project including obtaining consent forms and collecting data. All assistants must complete the CITI training before starting to work on the project. It is the faculty member's responsibility to keep a copy of student assistants' CITI training certificate on their record.

A research assistant will be assigned to assist with patient invitations and RN recruitment. This assistant will complete the CITI training before starting work on the project, and maintain their status throughout the project. They will be instructed on the purpose and procedures of the study to maintain qualification to assist with the research.

19. For Student Principal Investigators Only

Please check the box below to verify that you will share your package and obtain your faculty advisor's signature in IRBNet:

☑ I verify that I will share my package with my faculty advisor in IRBNet after I upload this application and other materials, but *before* submitting the package for review.

Appendix G: Informed Consent

Reducing Emergency Nurse Compassion Fatigue

Informed Consent

INVITATION TO PARTICIPATE:

Dear emergency room nurse:

My name is Crystal Limonta and I am a Nurse Practitioner student in the School of Nursing at California State University San Marcos. You are invited to participate in a research study of reducing emergency nurse compassion fatigue. You were selected as a possible participant because you work in an emergency department. . Please read this form carefully and ask any questions you may have before agreeing to be in the study. You must be 18 or older to participate in the study.

KEY INFORMATION ABOUT THIS RESEARCH STUDY:

The following is a short summary of this study to help you decide whether to be a part of this study. Information that is more detailed is listed later on in this form. The purpose of this study is to assess how patient feedback impacts emergency nurse compassion fatigue levels. Patients will be asked to share their emergency room experiences and any feedback with a limited group of emergency room nurses. The research study will take place over 2 years but will require less than 8 hours of your participation. The primary risk of participation is potential for eliciting emotions related to a possible traumatic experience. The main benefit is reducing emergency nurse compassion fatigue levels.

STUDY PURPOSE:

The purpose of this study is to provide emergency nurses with patient feedback and perspectives regarding emergency room care in effort to reduce compassion fatigue, which is a common occurrence among emergency room nurses.

NUMBER OF PARTICIPANTS:

If you agree to participate, you will be one of approximately 200 participants who will be participating in this research.

PROCEDURES FOR THE STUDY:

If you agree to be in the study, you will do the following:

You will attend a meet-and-greet event lasting approximately 3 hours from 12:00-3:00pm where patients will share their emergency room experiences with emergency room nurses. The first 1.5 hour of the event will be structured in a presentation form where patients present their stories, and the last 1.5 hour will be dedicated to unstructured socialization among all participants. These events will be held in a private non-clinical setting and food and refreshments will be served. A total of 5 events will take place. An average attendance will be 45 participants (15 patients and 30 nurses). You are only required to attend one event, you may attend multiple based on

availability. Either before or after an event, you will be asked to complete a survey. You will only need to complete the survey once.

RISKS AND INCONVENIENCES:

There are risks and inconveniences to participating in this study. These include:

- Psychological discomfort due to subject matter
- Time required to travel to and participate in events
- Possible loss of confidentiality due to group setting

SAFEGUARDS:

To minimize these risks and inconveniences, the following measures will be taken:

- Social workers, chaplains and mental health resources will be provided before, during and after each event
- Confidentiality of participants will be maintained throughout the study during the data collection process
- Given the group nature of each event, confidentiality cannot be guaranteed during each event, but identifiable information will be limited to participants within the immediate group, first name only identification and prohibition of video, or audio recordings

CONFIDENTIALITY:

Your responses and information will be confidential. Due to the nature of the groups, complete confidentiality cannot be guaranteed.

The results if this study may be used in reports, presentations, or publications but your name will not be used. All information obtained will be stored in password protected computer files accessible only to the research team for a period of up to 3 years after the project is completed. Afterwards, all digital files will be erased and paper files will be shredded.

VOLUNTARY PARTICIPATION:

Taking part in this study is voluntary. You may choose not to take part or may leave the study at any time. Leaving the study will not result in any penalty. Your decision whether or not to participate in this study will not affect your current or future relations with California State University San Marcos.

BENEFITS OF TAKING PART IN THE STUDY:

There are no direct benefits to participation in this study, however, your participation may help determine the impact of patient feedback on emergency nurse compassion fatigue levels.

PAYMENT OR INCENTIVE:

You will not receive payment for taking part in this study.

STUDY RELATED INJURIES:

Social workers, chaplains, and mental health resources will be provided to you before, during and after each event for you to use as a resources to address emotional disturbances that may arise as a result of the subject matter being shared. Social work and chaplain resources will be provided free of cost, mental health resources not directly associated with this study may incur unforeseen expenses.

CONTACT INFORMATION:

If you have questions about the study, please e-mail me at username@cougars.csusm.edu. My faculty advisor, Dr. JoAnn Daugherty, can be reached at username@csusm.edu. You will be given a copy of this form for your records. If you have any questions about your rights as a participant in this research or if you feel you have been placed at risk, you can contact the IRB Office at irb@csusm.edu or (760) 750-4029.

PARTICIPANT'S CONSENT:

By signing below, you are giving consent to participate in the study.

Printed name of the Participant: _____

Signature of the Participant: _____

Date:_____

Appendix H: Budget

Proposal Budget

Program Director/Principal Investigator (Limonta, Crystal, Manette):

DETAILED BUDGET FOR INITIAL BUDGET PERIOD DIRECT COSTS ONLY	FROM 01/01/2021	THROUGH 01/01/2023

NAME	ROLE ON PROJECT	Cal. Months	Acad. Months	Summer Months	INST. BASE SALARY	SALARY REQUESTED	FRINGE BENEFITS	TOTAL
Crystal Limonta	Main researcher	12	9	3	$51/hr	$1,530	$151	$1,681
TBD	Research assistant	12	9	3	$24/hr	$300	$30	$330
TBD	Social worker	12	9	3	$33/hr	$619	$61	$680
TBD	Chaplain	12	9	3	$31/hr	$581	$58	$639
					SUBTOTALS			$3,330
SUPPLIES *(Itemize by category)* 10 reams printing paper: $50.00 1 box (60) pens: $25.00								$75
OTHER EXPENSES *(Itemize by category)* Food catering/boxed lunch (sandwich, chips, cookie, drinks), serves 45: $650/event x 3 events								$1,950
TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD								**$5,355**

BUDGET FOR ENTIRE PROPOSED PROJECT PERIOD
DIRECT COSTS ONLY

BUDGET CATEGORY TOTALS	INITIAL BUDGET PERIOD *(from Form Page 4)*	2nd ADDITIONAL YEAR OF SUPPORT REQUESTED			
PERSONNEL: *Salary and fringe benefits. Applicant organization only.*	$3,330	$3,330			

SUPPLIES	$75	$0			
OTHER EXPENSES	$1,950	$1,300			
TOTAL DIRECT COSTS	$5,355	$4,630			
TOTAL DIRECT COSTS FOR ENTIRE PROPOSED PROJECT PERIOD					**$9,985**

Budget Justification

Salaries:

- Main researcher = 60 hours total (10hrs for commencement of study and for 10hrs/event)
- Research assistant = 25 hours total (5hrs/event)
- Social worker = 37.5 hours total (7.5hrs/event)
- Chaplain = 37.5 hours total (7.5hrs/event)

Facilities:

- Conference room provided free of charge through the selected healthcare system, therefore no funds allocated for consortium or contractual costs for facilities.