COMPASSION LITERACY IN THE EMERGENCY DEPARTMENT: A HEALTH EDUCATION STRATEGY IN SOUTHWESTERN ALBERTA EMERGENCY DEPARTMENTS

ANGELA MCLEOD
Bachelor of Nursing, University of Lethbridge, 2008

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ANGELA MCLEOD

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Katherine Haight Supervisor	Instructor	MN
Tracy Oosterbroek Chair, Master of Nursing	Assistant Professor	Ph.D.

DEDICATION

To my mother's spirit and guidance who has pushed me to persevere even when I thought I could not. There are no limits.

To my son who during the past 4 years has always encouraged: "Mom, do your homework!"

To all those who have provided your unconditional love, support, patience, understanding and encouragement through this wonderfully challenging experience. Thank you! This journey has come to a bittersweet end, however I know my pursuits would not have been possible without all of you.

ABSTRACT

An increase in opioid crisis's presenting to rural Emergency Departments (ED) has the potential to lead to compassion fatigue (CF) and burnout (BO) (Sinclair et al., 2016). The purpose of this project is to increase knowledge and understanding of compassion literacy and establish self-care techniques to improve compassion satisfaction for Southwestern Alberta Emergency Department nurses.

This education in-service was grounded in ADDIE's model of Instructional Design along with Bloom's Taxonomy as the guiding educational model throughout the development and implementation process. The one hour educational in-service was presented to two specific target audiences. Data was collected utilizing a mixed methods research methodology from a participant feedback questionnaire and direct facilitator observations. The findings concluded that an education in-service focused on compassion literacy was successful and needed. By building compassion literacy knowledge and establishing self-care techniques, there is potential to enhance compassionate care to Registered Nurses (RN) within the opioid crisis.

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CHAPTER ONE: INTRODUCTION

Problem Statement

With the continued rise in opioid drug overdoses presenting to the Emergency Departments (ED) in Southwestern (SW) Alberta, ED nursing staff are pushed to their compassion limits ultimately leading to compassion fatigue and burnout. Compassion fatigue and burnout deprives nursing staff from attaining compassion satisfaction in their practice thus providing compassionate care to patients is adversely affected (Sinclair et al., 2016), especially for patients presenting with overdose and addiction issues.

In the Alberta Opioid Response Surveillance Report of 2018 Q4 an average of 2 individuals die in Alberta every day relating to overdose poisoning (Alberta Government, 2018) and the incidence of overdose continues to rise. In 2018 there was an average of 13 apparent accidental drug overdose deaths relating to the opioid drug fentanyl per week compared with 11 deaths per week in 2017. The Alberta Opioid Response Surveillance Report of 2018 Q4 Interim is now specifying the overdose death rates from apparent drug poisoning related to carfentanil (new opioid drug overdoses presenting to ED's that is 100 times more potent than fentanyl), and from January-November of 2018 149 deaths occurred as compared to 116 deaths during this same time period in 2017 (Alberta Government, 2019).

Project Rationale

To address the Opioid Crisis in Alberta, Alberta Health Services (AHS) is continually developing programs for those experiencing opioid dependency including addiction counselling support, safe consumption sites, treatment options, and various other valuable resources. Resources for the general public promoting awareness are readily available including information for parents, family and friends on overdose signs and

symptoms, how to respond to an overdose, where to obtain a naloxone kit, harm reduction information, counselling supports, along with videos and other links and resources. AHS also has resources dedicated to healthcare professionals, however this information focuses on how to treat overdose patients, provides information on opioid dependency programs and safe consumption sites (AHS, 2019). Within all of this awareness and education related to the opioid crisis in Alberta, no programs, resources or information exists addressing the burden and compassion fatigue front line ED nurses are experiencing.

Within Alberta, the South Zone has the second highest rate next to Calgary Zone, with 16.0 per 100,000 person/year of accidental poisoning deaths related to just fentanyl alone which is above the Alberta average of 15.2 per 100,000 person/year (Alberta Government, 2018). Although not narrowed specifically to rural sites within the South Zone, The Alberta Opioid Response Surveillance Report for 2018 Q3 has identified that Lethbridge has a rate of 29.4 per 100,000 person/year of apparent accidental drug poisoning deaths related to fentanyl alone in 2018. This rate has continued to rise since 2016 with 8.3 deaths per 100,000 person/year, and in 2017 there was 15.3 deaths per 100,000 person/year. (Alberta Government, 2018). In the most recent data from the Alberta Opioid Response Surveillance Report Q4 Interim 2018 the South Zone has the highest rate of carfenanil related deaths at 6.4 per 100,000 persons, the Alberta average is 4.0 and in 2017 the same rate for South Zone was 2.6 per 100,000 persons (Alberta Government, 2019).

Aligning with AHS's Vision of "healthy Albertans, healthy communities. Together." And the Mission "to provide a patient-focused, quality health system that is accessible and sustainable for all Albertans" (AHS, 2019), programs and resources are readily available to all Albertan's. In addition, following the five values "compassion, accountability, respect, excellence and safety" are at the heart of everything that nurses do. They inspire,

empower, and guide how we work together with patients, clients, families and each other (AHS, 2019), no resource or health education strategy is in place to mitigate the effects of compassion fatigue or burnout. Front line nurses working in ED's across the south zone strive to uphold the AHS mandate but when the quality of their work is compromised due to compassion fatigue and burnout relating to the shear number of opioid overdose deaths they experience on a day to day basis it is challenging. Currently, AHS has no resources or health education strategies in place to mitigate the effects of compassion fatigue or burnout for ED nurses which is problematic on many levels.

Project Goal

Develop and deliver a health education strategy in the form of an in-service to address the complexities of compassion literacy and self-care techniques for Emergency Department Nurses within Southwestern Alberta to:

1) Increase knowledge and understanding of compassion literacy (definition and examples of terms; compassion, compassion fatigue, burn out and compassion satisfaction and other terms with multiple meanings)
2) Explore and identify self-care techniques to apply and demonstrate understanding of importance of self compassion in order to implement compassionate care within the Emergency Department

Purpose of Project

The purpose of this project is to increase knowledge and understanding of compassion literacy and establish self-care techniques to improve compassion satisfaction for Southwestern Alberta Emergency Department nurses. Enhancing knowledge related to compassion literacy in the form of an educational in-service will increase confidence in recognizing the importance of self-care and the relationship that exists in being able to

provide compassionate care for patients in crisis in the Emergency Department. These advances would not only include individual knowledge for the ED nurses but also increase positive interactions with patients thus improving health outcomes for patients (& family members) which in turn has a positive impact for strategic organizational improvements.

Chapter Two: Review of Relevant Literature and Nursing Evidence

A systematic search and review of the literature surrounding compassion literacy was completed utilizing numerous databases including but not inclusive to CIHNAL, PubMed, Medline, Goggle Scholar. Key word searches included compassion fatigue, emergency department, rural emergency department, nursing, trauma, opioid crisis, burnout, self-care, resiliency, compassion satisfaction and health care professionals. This search of evidence and research began in September of 2015 and evolved until July 2019. Within this search there was found to be common themes of the scope of the issue and solutions to the issue as discussed further.

Theory to Practice Gap

In the Code of Ethics for Registered Nurses, "safe, compassionate, competent and ethical care" (Canadian Nurses Association, 2017, p. 2) are outlined as both aspirational and regulatory expectations within nursing responsibilities and endeavours in their daily practice. To the general population nursing and compassionate caring are synonymous yet in practice, caring or compassionate care can be described as a confused chaotic state of affairs (Blomberg, Griffiths, Wengström, May, & Bridges, 2016; Percy & Richardson, 2018). The theory that exists behind compassion and compassionate care is vast, and incorporating into practice a known complicated endeavour (Costello & Barron, 2017; Flarity, Eric Gentry, & Mesnikoff, 2013).

Compassion is a very complex, dynamic ever evolving concept that historically derived from Latin origins '*com'* (with/together) and '*pati'* (to suffer), literally meaning "to suffer with" and was introduced into English language ever since the fourteenth century through the French word "*Compassion*" (Burnell, 2009; Singer & Klimecki, 2014; von Dietze & Orb, 2000). Merriam-Webster (2018) defines compassion as a sympathetic

consciousness of other's distress together with a desire to alleviate it. Essential to defining compassion is "having a deep awareness of and a strong willingness to relieve the suffering" (Youngjin & GyeongAe, 2016, p. E54). Compassion, as expressed by Aristotle (384-322 B.C.) was one of the five virtues required to develop in order to experience happiness within life (Papadopoulos & Ali, 2016; Pattison & Samuriwo, 2016).

Compassion, being a conceived feeling of concern for another persons suffering and motivation to help is a key quality nurses aspire towards. With various definitions of compassion and perceptions of compassion integrated into nursing, unclear concepts of compassion literacy exist (Percy & Richardson, 2018; Peters, 2018; Zhang et al., 2018). Without knowledge and understanding of terminology and how to apply compassion into practice, patients may perceive their care from nurses as suboptimal. The necessity to understand and demonstrate compassion literacy can assist in knowing when an ED nurse is experiencing or close to CF or BO and techniques can be implemented to avoid detrimental stress.

With a multitude of literature exploring key terms surrounding compassion and compassionate care, it is obvious that compassion is an essential guiding principle to providing care, however compassion as a concept within the nursing curricula is scarce to be found (van der Cingel, 2014). Blomberg et al. (2016) identify that little is known about effective strategies in promoting compassionate care into nursing practice yet literature expresses the need to incorporate into daily routines.

Nursing Program/Educational Concerns

Focus on cognitive and psychomotor skills has resulted in an inadequate emphasis on caring in nursing education (Sandberg, 2016; Sheppard, 2015). As a necessary component of nursing, compassion is often vaguely touched through therapeutic

communication (Costello & Barron, 2017; Percy & Richardson, 2018), however the true understanding of providing compassionate care is often lost through tasks and hands on skills. Without compassion, nursing is in danger of losing its soul.

Teaching and educating nurses to engage in quality experiences that promote growth and self-reflection enables ED nurses to stay focused on individual patients. This focus away from the psychomotor skills engages internal values to respond so the nurse can reflect upon each interaction as a new experience (Mariet, 2016). In this time of increased opioid overdoses and crisis presenting in rural ED's in Southwestern Alberta nursing staff are at risk of providing less than optimal care due to repeated exposure to overdose patients, neglecting the dynamic needs of each patient. Compassion is something difficult to teach because compassion requires a presentation of facts and techniques (Sandberg, 2016; von Dietze & Orb, 2000). Within the depths of learning in nursing education, the focus remains prominent in skills that can be seen and experienced with validation of a job well done. Compassionate care can easily be missed with the constraints of a busy routine and department, therefore teaching the skills of affective learning will assist in ED nurses being able to re-evaluate their preconceived notions and view each new patient through a holistic, uncontaminated lens producing compassion (Sandberg, 2016; von Dietze & Orb, 2000).

Without proper educational standards surrounding compassion literacy, negative outcomes can arise. Stigmatization is a concern without having proper background knowledge on compassion literacy (Sheppard, 2015). As compassion is viewed as an inherent and expected trait to nursing, those who lose their compassion may feel shameful (Sheppard, 2015) and may lead to not knowing how to confide in others or how to seek assistance. Providing compassion literacy to those who are entering the nursing workforce,

especially the ED, is essential in creating self-care and promoting self-worth. To add to the core educational principles of nursing, compassion being one of the core values and ethical responsibilities of registered nurses (Canadian Nursing Association, 2017) needs to be recognized and promoted (Koya, Anderson, & Sice, 2017; Percy & Richardson, 2018) more than it currently is. With compassion literacy nurses will be equipped with knowledge and understanding of the importance of self-care while providing compassionate care to protect themselves from compassion fatigue and burnout.

Compassion Fatigue and Burnout

Compassion fatigue (CF) and burnout (BO) within the healthcare system are contributing factors in producing poor quality care, negative patient satisfaction, and potentially unacceptable patient health outcomes (Adimando, 2018; Bentley-Kumar et al., 2016; Potter et al., 2013; Strauss et al., 2016). As AHS outlines in their Mission, 'to provide a patient-focused, quality health system…' (AHS, 2019), the need to promote compassion literacy to prevent CF and BO is essential in attaining healthy employees to provide this patient-focused quality care.

CF involves the emotional, physical, and repeated intense effects of continuous emotional energy provided with compassionate, empathetic care resulting in the rescue-caretaking response over any length of time, leading to the loss of being able to nurture (Nolte, Downing, Temane, & Hastings-Tolsma, 2017; Stacey, Singh-Carlson, Odell, Reynolds, & Yuhua, 2016; Strauss et al., 2016). BO builds over time creating feelings of hopelessness and apathy resulting in an inability to perform nursing duties effectively (Hunsaker, Chen, Maughan, & Heaston, 2015; Stacey et al., 2016). CF occurs through natural and intrinsic responses to alleviate pain and suffering whereas BO is a result of environmental and resource driven complications within the work environment (Kleiner &

Wallace, 2017; Stacey et al., 2016). Both these negative consequences of a stressful work environment may produce long lasting negative effects on ED nurses resulting in little or no compassion satisfaction in their role.

Compassion satisfaction (CS) can be described as the positive feelings attained from helping others during critical times of need (Sacco, Ciurzynski, Harvey, & Ingersoll, 2015; Stacey et al., 2016). This positive altruistic quality is expressed by feelings of self-appreciation while caring and assisting others where the environment, patient needs and personal characteristics help in achieving CS or pleasure found in their work (Mooney et al., 2017; Zhang et al., 2018). As a foundational essence in nursing, compassion is essential in everyday interactions and ensuring that compassion satisfaction is achieved solidifies the chosen profession for nurses (Hunsaker et al., 2015).

As a front line registered nurse who currently works in a rural Southwestern Alberta ED, I have first hand experiences with opioid overdose patients, and in the prime of this crisis once saw six different individuals in one eight hour shift, presenting with an overdose needing resuscitative or post resuscitative care. As indicated, Southwestern Alberta has the highest rate of deaths per 100,000 persons at 20.7 as compared to the provincial average of 12.5 deaths per 100,000 persons (Alberta Government, 2019). In the heat of the moment, I can attest that each patient did become one stigmatized overdose patient, thus reflecting poor compassionate care, and potentially suboptimal outcomes for these patients. As a Clinical Nurse Educator for the Rural Acute Care South West Zone, I can also attest that numerous staff have expressed concerns surrounding the high incidents of overdose patients and the complexities they bring to the ED. Along with these concerns, ED nurses have also raised questions about resources for themselves when presented with multiple overdoses in one shift and how to remain optimistic on patient outcomes. With the current

demand from emergency services related to the opioid crisis in Southwestern Alberta, environmental stressors, pressures from colleagues, physicians, and patients themselves (Hamilton, Tran, & Jamieson, 2016; Nolte et al., 2017) the risk for both CF and BO have significantly increased.

Compassion Literacy

Educational programming to explore compassion literacy is key in allowing staff to manage their own health while promoting positive patient outcomes (Naccarella, Wraight, & Gorman, 2016; Sabo, 2006; Zhang et al., 2018). This multilayered system of promoting positive interactions between the ED nurse and patients in the workforce requires dedication to compassion literacy as a means to build foundational aspects of the concept of compassion and compassionate care. Central to nursing is the relationship built between the ED nurse and the patient – and often forgotten in times of crisis is the need to be understood and a need to understand (L. A. Kelly, 2017).

Nursing is a caring compassionate profession but often emotionally challenging profession. The positive aspects of caring are often overshadowed by chronic exposure to patients experiencing life-threatening events (Burnell, 2009). This emotional cost of caring for others needs to be recognized and terms defined to promote awareness of this affect. Defining terminology will set the foundations of what differences exist between true definitions within the healthcare setting and perceived notions of compassion terms (Burridge, Winch, Kay, & Henderson, 2017; Naccarella et al., 2016). Having compassion literacy promotes and facilitates the ability to build compassionate therapeutic interactions. Having the knowledge of compassion literacy in its basic elements allows ED nurses to comprehend concepts, and then apply these to daily practice.

At this present time compassion, one of AHS's core values (AHS, 2019) is not well defined nor truly promoted in an educational capacity. Once there is an established foundation of compassion literacy, we can then move into creating and promoting resiliency in our Southwestern Emergency Department nurses to prevent CF and BO.

Building Resiliency

Resiliency is an individual's ability to reach within their internal strengths and external protective factors to help themselves bounce back from or thrive despite adverse circumstances (Flarity et al., 2013). To build this capacity of resiliency ED nurses need to strive to attain a work-life balance and practice relentless self-care (Houck, 2014). Finding activities and practices that encourage replenishment, comfort and rejuvenation of the spirit are essential in self-care (Houck, 2014) and self-healing from the cumulative effects of emotional and physical experiences in the ED. Building confidence in one-self to manage the stress and decrease anxiety (Adimando, 2018; Olson & Kemper, 2014) is essential in providing compassionate care.

Mindful techniques as a self-care method may provide protective effects against outside stressors and work stressors (Kemper, Mo, & Khayat, 2015; Mahon, Mee, Brett, & Dowling, 2017; Olson & Kemper, 2014). By acquiring the skills of being mindful and present, nurses may become increasingly conscious of and attentive to their own self-care needs thus being more present in both their personal and professional experiences. This technique focuses on self-compassion training (Kemper et al., 2015; Koya et al., 2017). And without self-compassion we may be less able to show compassion towards others. Self-compassion is a means of building resilience against CF and BO providing ED nurses the ability to deliver compassionate care. Being mindful equates to being aware of one's own emotions. Mindful based stress reduction uses a combination of mindfulness

meditation, body awareness, yoga and exploration of behavior, thinking, feeling and action (Adimando, 2018). Engaging in the present moment enables an individual to disengage from rumination or future focused anxiety thinking (L. A. Kelly, 2017; M. Kelly & Tyson, 2016).

Mindful techniques teach mind and body awareness to reduce the physiological effects of stress thus building resilience within oneself. Building resilience through the experiential exploration of lived experiences of stress and distress aides in developing less emotional reactivity and promotes a non-judgemental awareness in daily life (Mahon et al., 2017). Through compassion literacy and self-care techniques, promotion of serenity and clarity in each moment/interaction is encouraged while promoting individuals to experience more joy in life while accessing inner resources for healing and stress management. To build resiliency with ED nurses, support of this concept is necessary to avoid any perceived negative consequences such as CF and BO.

Organizational Support

Promoting compassion competence through a compassion literacy educational strategy to endorse the importance of providing compassionate quality care within the Emergency Department requires commitment not only from ED nurses but also the healthcare organization (Naccarella et al., 2016; Potter et al., 2013; Sabo, 2006; Zhang et al., 2018). Support from management encourages and demonstrates cohesiveness within the organization increasing morale as a whole and self-worth to individuals (M. Kelly & Tyson, 2016; Sheppard, 2015) This valuable investment into employees and the healthcare system as a whole impacts larger organizational issues such as staff turnover, sick time calls, and patient satisfaction (Potter et al., 2013).

Organizations such as AHS need to be aware that compassion literacy is an issue and having an educational strategy that identifies the needs of front line ED nurses ensures that the health environment is producing quality compassionate care to all patients. Reducing CF and BO can also be remediated by promoting compassion satisfaction. Evidence indicates that nurses who have been meaningfully recognized and feel they have managerial supports, have lower CF and higher levels of compassion satisfaction (CS) (Sacco et al., 2015; van der Cingel, 2014). Increasing ED nurses CS can start from recognizing unique attributes that each member brings to the team environment while collaborating to promote effective decision making in times of crisis. Peer support is also a key element in enhancing CS, thus providing recognition to each other to promote an environment of compassionate care (Tehan & Robinson, 2009).

Self-care training for organizations may require organizational policies to be implemented or changed to support this form of preparation of compassion literacy. In adherence to the Code of Ethics for Registered Nurses, nurses need to be able to practice safely, competently, and with compassion (Canadian Nurses Association, 2017). Providing a health education strategy focussed on compassion would assist ED nurses in attaining their regulatory standards.

Chapter 3: Project Description

Background and Planning

The purpose of this project is to increase knowledge and understanding of compassion literacy and establish self-care techniques to improve compassion satisfaction for Southwestern Alberta Emergency Department nurses. The focus on a concept that is at the heart of nursing, compassion (Peters, 2018) lies the most upset where the ability to exhibit compassionate care is sensed to be lost due to loss of compassion satisfaction. Studies have shown educational sessions focused on delivering compassion literacy along with self-care exploration can increase compassion satisfaction and reduce incidence of CF & BO therefore enhancing patient interactions & outcomes through compassionate care (Crawford, Brown, Kvangarsnes, & Gilbert, 2014; Youngjin & GyeongAe, 2016).

Project Goals

To develop and deliver a health education strategy in the form of an in-service to address the complexities of compassion literacy and self-care techniques for Emergency Department Nurses within Southwestern Alberta to:

1) Increase knowledge and understanding of compassion literacy (definition and examples of terms; compassion, compassion fatigue, burn out and compassion satisfaction and other terms with multiple meanings)
2) Explore and identify self-care techniques to apply and demonstrate understanding of importance of self compassion in order to implement compassionate care within the Emergency Department

Target Audience

The primary target audience is rural ED RN's in Southwestern Alberta. Two rural hospitals in Southwestern Alberta were identified as pilot test sites. The Cardston Health Centre ED committed to participating in the education in-service, however the second rural ED for logistical reasons did not occur. A secondary audience was then targeted to receive this educational strategy for the front line staff working at ARCHES Lethbridge as this organization faces similar challenges relating to the opioid crisis and are at risk for CF and BO. This secondary target audience was an intentional sought out organization on my part to expand reach and was well received by the Health and Safety Manager as compassion fatigue is of concern within this organization.

Both pilot test sites and intended target audiences geographically are within the Southwestern Alberta Zone which is experiencing the second highest rates of accidental poisoning deaths in Alberta (Government of Alberta, 2019). The intended target audiences provide direct compassionate care to those directly experiencing the opioid crisis therefore the identified issue, loss of compassion satisfaction thus negatively impacts ability to provide compassionate care, is essential to deliver the education in-service to.

Key Stakeholders

Through systematic planning, identifying key stakeholders is essential to ensure those with a vested interest are engaged and the project is delivered to the correct target audience. This project requires key stakeholder involvement to support the development of the educational in-service to improve compassion literacy, self-care techniques and compassionate care of front line staff in Southwestern Alberta. The identified issue present is loss of compassion satisfaction thus negative impacts on ability to provide

compassionate care. The two pilot sites are the Cardston Health Centre and ARCHES of Lethbridge. Permission was granted by the Acute Care Director and Manager of the Cardston Health Centre to provide the education in-service. Multiple in person meetings, phone conversations and emails ensued to set dates, times, and content that best suited the needs of the facility. The Health and Safety Manager of ARCHES Lethbridge was granted permission from his Director to host this education in-service and a direct face to face meeting occurred to discuss content and further collaboration followed to set dates and times was established through emails.

Ideally the Quality Improvement team at the Cardston Health Centre was initially thought to be a great stakeholder that could assist in monitoring improvements within the larger systems, to assist with rapid cycle testing of change and provide valuable knowledge and resources surrounding improvement initiatives, however this did not transpire due to lack of time. The Emergency Clinical Strategic Network (ESCN) specifically the team for the Suboxone (Buprenorphine/Naloxone) Initiation in Emergency Departments with AHS was invited to engage with this project, but this did not transpire due to competing priorities at the time of implementation of the project.

Engagement Strategies with Key Stakeholders

In keeping with formative evaluation best practice, key stakeholders were involved in all stages of the project deliverable. This involvement was key in informing, guiding and implementing the project deliverable. To support development of the project deliverable a project logic model was created (see Appendix A) which outlined in details the goals, inputs, activities and outputs along with the short-term, mid-term and long- term outcomes for the project. This systematic and visual representation of the project easily represents the

relationship of the project to the practice issue along with organizational support and resources required (McKenzie, Neiger, Thackeray, 2013).

Ethical Considerations

To assure ethical implications of the project were addressed, the "A pRoject Ethics Community Consensus Initiative" (ARECCI) Ethics Guideline tool was completed to help ensure that participants and their information shared was of no ethical risk (Alberta Innovates, 2019) and those that were identified were brought forward and mitigated through discussions with key stakeholders. Along with the ARECCI ethics guideline tool the ARECCI Ethics Screening Tool was completed and a score of zero indicated the purpose of the intended project was quality improvement or program evaluation (see Appendix C). Both of these tools ensured that this research project was of no ethical risk to participants, and that participants were attending on their own free will to enhance knowledge and skills for their practice.

Theory of Change: Social Cognitive Theory

Compassion is a desired attribute that nurses have in their daily practice to produce effective patient centered care (Olson & Kemper, 2014; Sabo, 2006) needs to be reinforced in the clinical setting. To encourage maturation of individual behavioural patterns (Veale, Gilbert, Wheatley, & Naismith, 2015) and to support and promote change, the use of the Social Cognitive Theory (SCT) would be best suited for this project. SCT is an interpersonal level theory, individuals exist within and are influenced by a social environment. The ED then becomes that social environment where patients, family members, nursing and other disciplines interact in a social yet professional context. Through the Opioid crisis, the social relationship and expectations on the ED nurses have shifted due to the reinforced exposure to overdose patients. The following constructs of

SCT will be outlined to explore how this change theory is relevant to nursing practice and changing behaviours when managing and providing compassionate care to overdose patients within the ED environment.

Having behavioural capability, the ability to perform specific behaviours ED nurses first need to know and understand compassion literacy. To provide compassionate quality care the educational strategy will be of the utmost importance in defining what specific behaviours are needed to address the nursing practice issue and how to perform them (McKenzie, J., Neiger, B., & Thackeray, R., 2013). Following the compassion literacy in-service ED nurses will be able to apply understanding of compassionate concepts to anticipate positive compassionate care outcomes when providing care to overdose patients instead of perceived negative outcomes, this is a construct of expectations. These expectations derived from the ability to think, process and anticipate are reinforced with knowledge attained through definitions, provided in the educational strategy. The goal of the compassion literacy in-service would be to open perspectives and change negative expectations or interactions into a positive encounter promoting professional compassionate care (Mariet, 2016) when working with overdose patients.

Creating positive expectancies, the values that ED nurse's place on an expected outcome (McKenzie, J., Neiger, B., & Thackeray, R., 2013) becomes evident through the desire to create a conscious effort in changing negative behaviours to maximize positive outcomes and minimize negative outcomes. Compassion literacy and self-care techniques will influence ED nurses behaviour to maximize positive patient interactions while developing compassion satisfaction in their professional practice. Once a personal expectancy has been attained, a collective efficacy begins to build as self-efficacy flourishes with new knowledge and understanding attained from compassion literacy (Lin,

2016), McKenzie, J., Neiger, B., & Thackeray, R., 2013,). A collective efficacy becomes a shared belief of ED nurses to practice compassionately competent care enhancing the morale, professional practice and patient outcomes. Once these constructs are built, practiced and mastered, the construct of reciprocal determinism; the interaction among the ED nurse, the behaviour (compassionate care), and the environment (the ED) begins to evolve as the ED nurse can now shape the environment as well as the environment shape the ED nurse (McKenzie, J., Neiger, B., & Thackeray, R., 2013).

Through the use of SCT constructs, patterns of human behaviour, interactions within the ED including those factors of repeated overdose patients, personal cognition (Lin, 2016) can take shape in changing to a positive interaction producing positive patient outcomes and compassion satisfaction.

Educational Theory: Bloom's Taxonomy

How do we implement an educational session or in-service with resources that will be meaningful? Through Blooms Taxonomy three domains of learning (Krathwohl, Bloom, Masia, 1973) we can strive for a higher level of understanding of compassion literacy. Recognizing the importance of fostering interpersonal and humanistic qualities of the ED nurses in their interactions encourages learners to engage and empower their patients. This in-service will provide opportunities to challenge ED nurses personal bias towards the opioid crisis and links learning to direct patient care. After the in-service the learner (ED nurse) should have acquired a new knowledge to perform new skills, and/or attitudes towards compassion literacy and providing compassionate care. See Table 1 for the three domains of learning through Bloom's Taxonomy and the activities to be achieved through the educational in-service.

Table 1: Bloom's Taxonomy

Cognitive Domain	**Activity to be achieved**
Knowledge/Remembering	Attained during the in-service surrounding compassion literacy
Comprehension/Understand	Ability to understand compassion literacy, recognize the need for change and translates knowledge into actions
Application/Apply	Ability to apply and demonstrate compassionate care into practice in each new interaction uniquely
Analysis/Analyze	Ability to question or analyze own practice and make corrections to practice with compassionate care in each new interaction
Synthesis	Ability to arrange and form new creative behaviours for interacting with compassion
Affective Domain	**Activity to be achieved**
Receiving phenomena	Awareness, willingness to hear others with respect and acknowledge compassionate care is necessary
Responds to phenomena	Participates in discussions with compassion literacy in mind and has satisfaction in responding exclusively
Valuing	Demonstrates sensitivity and compassion towards others individual and cultural differences and needs
Organizing	Organizes values into priorities by contrasting different values, resolving conflicts between them. Accepts professional ethical standards of compassion within practice
Internalizes values	Revises judgements towards compassion literacy and changes behavior in light of new information displaying a professional commitment to ethical compassionate practice
Psychomotor Domain	**Activity to be achieved**
Perception/awareness	Ability to implement compassion literacy and use sensory cues to guide practice
Set	Readiness to act recognizing one's own abilities and limitations
Guided response	Early stages in learning complex skill, practices compassion literacy into practice through trial and error and commitment to practicing learned knowledge
Mechanism/proficiency	Intermediate stage of learning complex skill. Learned response becomes habitual through continued positive reinforcements of daily interactions
Complex overt response	Skillful performance, satisfaction of skill. Comprehended knowledge is now built into daily practice and is exhibited through competent compassionate care
Adaptation	Skill is well developed and can be adapted to fit special or unexpected situations
Origination	Creating new patterns to fit a specific situation, initiates compassion literacy and shares new patterns with others

(Muzyk et al., 2018)

ADDIE Model

Along with the project logic model (Appendix A), through the five phases of the Analyze, Design, Develop, Implement, Evaluate (ADDIE) model of Instructional Design

was utilized to systematically lead through the creation of instruction to evaluation and revisions (Reinbold, 2013) of the final project deliverable. This five stage approach guided key stakeholder engagement, development of the educational in-service, implementation of the in-service as well as evaluation of the in-service. As seen in Figure 1, the ADDIE model is ever evolving through the stages allowing for revisions throughout the entire process of the development of the educational strategy.

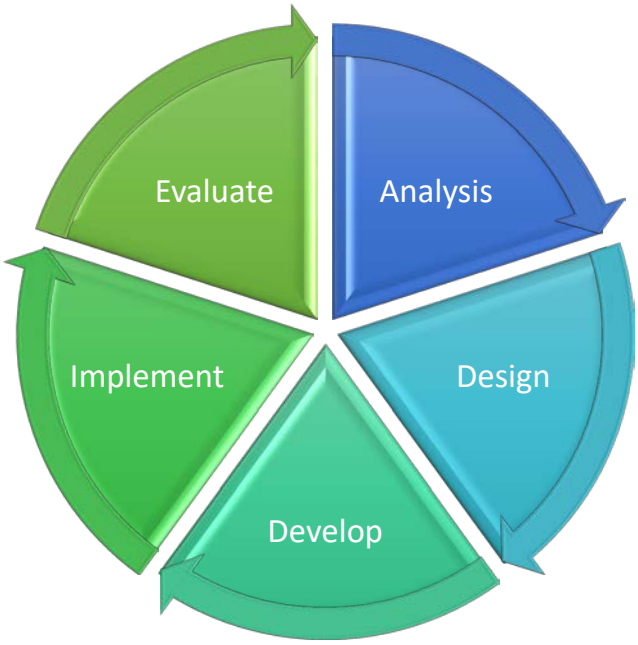

Figure 3.1: ADDIE Model of Instructional Design

The ADDIE Model was an instrumental tool that facilitated and guided the entirety of this project from start to finish. In the below tables each phase is explored in its dynamic and flexible entirety which was followed to support development of the in-service. This model was utilized in conjunction with the SCT and Bloom's Taxonomy in mind to create achievable stages throughout the design.

Table 3.1 Analyze

ANALYZE		
Instructional Goals	**Target Audience**	**Resources**
Develop and deliver a health education strategy to address the complexities of compassion literacy to Emergency Department Nurses within Southwestern Alberta to: 1.Increase knowledge and understanding of compassion literacy (definition and examples of terms; compassion, compassion fatigue, burn out and compassion satisfaction and other terms with multiple meanings) 2.Explore and identify self-care techniques to apply and demonstrate understanding of importance of self compassion in order to implement compassionate care within the Emergency Department	**Setting** = Emergency Departments in Southwestern Alberta **Population** = Nursing staff **Issue** = loss of compassion satisfaction thus negatively impacts ability to provide compassionate care.	In-service - Lesson plan to be developed in Design/Develop phase - Handouts: Post questionnaire - Projector, laptop, - Internet capabilities - Room with chairs & tables comfortable for participants - AHS EAP Resources (website, handouts) - Other resources for supports - Water, snacks

Table 3.2 Design

DESIGN		
Learning Objectives	**Instructional Strategies**	**Testing Strategies**
1) Compassion Literacy: • Remember and define key terminology • Understand key terminology • Apply key terminology into video examples • Respond in an effective compassionate manner to videos and examine/reflect own current practice 2) Self Care Techniques: • Define & explain self-care techniques and strategies to ensure self-compassion is present in daily practice • Discuss and recognize current self-care techniques and build from current knowledge • Illustrate self-care techniques and how to employ to ensure compassion satisfaction is obtained	Andragogy approach for all learner types: • Lecture • Repetition of terms • Videos • Guided reflection Use of Bloom's Taxonomy Use of Social Cognitive Theory • Posters for sites	• Expert subject matter • Check in throughout in-service • Reflective questions throughout in-service • Discussions after videos and throughout • Post feedback questionnaire at end of in-services • Direct observations

Table 3.3 Develop

DEVELOP		
Learning Resources	**Pre-Test**	**Pilot Test**
• Plan date/times of in-service • Lesson Plan • PowerPoint Presentation • Guided example of reflection • Video on Mindful self-compassion • Posters for staff distribution • Statistics for Southwestern Alberta	• Formative evaluation with key stakeholders: Managers, CNE, Expert peer consultation • Revisions of content & relevancy	Two different sites or areas of interest for comparison of feedback and observations obtained to create final deliverable. 1) Cardston Emergency Department Nurses 2) ARCHES staff

Table 3.4 Implement

IMPLEMENT	
Preparation	**Participant Engagement**
• Obtain permission to present • Create schedule of tentative dates/times • Create posters for distribution • Lesson plan solidified for presentation (pre-test completed) • Questionnaire completed • Resources available for staff (EA	• Notification of in-services dates/times • Distribute posters via email • Post posters at sites

Table 3.5 Evaluate

EVALUATE	
Formative Evaluation	**Summative Evaluation**
• Key stakeholders • SWOT Analysis post in-service	• Post in-service feedback questionnaire • Direct observations • Evaluate at three levels: 1) Perception: participant satisfaction 2) Learning: questionnaire responses 3) Performance: participant reflection and future intentions

Project Development and Implementation

Through the use of the ADDIE Model of Instructional Design (Figure 3.1) project development and implementation was successfully attained. In the tables (Table 3.1-3.5) outlined above, each phase of this model was delineated, validated and developed with direct use of the ADDIE model and Bloom's Taxonomy (Table 1) and project goals achieved.

Within the project development phase, to promote the compassion literacy in-service, two separate posters were created, one for each pilot test site (see Appendix D and Appendix E). These posters were distributed via email to staff at both sites along with being posted in visible areas for staff to view. This form of recruitment ensured that all were invited to attend the education in-service and sparked interest among sites.

The health education in-service was developed in a PowerPoint presentation that included lecture on definitions, videos to enhance understanding of terminology used, discussions and examples in practice, flowchart, a guided exercise to reflect on practice and to implement compassionate interactions, and finally ending with a mindful self-compassion exercise. Through this andragogy approach, all levels of learning were addressed to ensure a diverse opportunity to engage all participants (Lavoie et al., 2018). A lesson plan was created and shared with key stakeholders prior to the in-service (see Appendix F) which ensured the in-service would stay on track, within the allotted timeframe and included the essential components required. This lesson plan was focused on the project goals to ensure learners achieved standards of competence (Lavoie et al., 2018) and developed with the use of Bloom's Taxonomy (Table 1).

Content for the educational strategy was organized in a one hour interactive group in-service presented in two phases (Adimando, 2018; Flarity et al., 2013) to address the two project goals;

1) Increase knowledge and understanding of compassion literacy (definition and examples of terms; compassion, compassion fatigue, burn out and compassion satisfaction and other terms with multiple meanings)

2) Explore and identify self-care techniques to apply and demonstrate understanding of importance of self compassion in order to implement compassionate care within the Emergency Department

Phase one of the education in-service focused on goal one and began with definitions of terms relating to compassion literacy (Compassion, compassion fatigue, burnout, compassion satisfaction and other relevant terms). Once compassion literacy terms were explored and defined, video examples of compassion literacy aided in comprehension of outlined terms. A group discussion was encouraged after above provided information on differences ED nurses may have had between definitions and their own knowledge of terms and the example videos provided.

With the base knowledge provided on compassion, the in-service moved into phase two, self-care techniques addressing goal two of the project goals. Defining and discussing preventative measures in depth included self-care, self-compassion, self-awareness and self-reflection (Mahon et al., 2017). Various other holistic approaches, mindful therapies and other relevant techniques that participants use to help reduce stress (Adimando, 2018) was also discussed to help synthesize and internalize information. Exploring the rationale and need for self-care and how it integrates into compassionate care was also an essential element of this in-service which focused on both the cognitive and affective domains in Bloom's Taxonomy (Table 1).

Once both phases of the in-service were completed, an evaluation questionnaire (see Appendix G) was provided and asked to be completed anonymously. This measured knowledge and understanding towards compassion literacy and ensured that comprehension of definitions, provided materials and examples was attained. As a final solidifying aspect of the in-service, each participant would be asked to create a goal for

themselves relating to content delivered on how they will encompass compassion literacy and/or self-care techniques into their daily routines to ensure compassionate care is delivered.

CHAPTER FOUR: DATA COLLECTION AND PROJECT RESULTS

Pilot Test Sites

Two pilot test sites were chosen and agreeable to be test sites, the Cardston Health Centre (n=3) and ARCHES Lethbridge (n=17). A total of 20 participants (n=20) from three pilot tests were obtained from the educational in-service. All pilot tests occurred after a long weekend during a very busy time of summer holidays therefore potentially resulting in lower attendees than anticipated.

Pilot Test Cardston

Cardston Health Centre was the first site to have the educational in-service. The timing of the in-service was organized around shift change in hopes of participants coming in before their shift or just after their shift. Both sessions were held in the facilities multipurpose room which had all capabilities for presenting.

Pilot test one: Held on July 3, 2019 from 1345-1445 prior to shift change with a total of 3 participants, all RN's from the ED (n=3).

After completion of this session I went to the Units to recruit staff to attend the second session after their shift, staff expressed interest but *forgot* that these sessions were being held on this day and had prior commitments.

Pilot test two: Held on July 3, 2019 from 1520-1620 after shift change with a total of zero participants (n=0). There was interest from staff coming onto shift and requested to come and go from the presentation based on the needs of the unit. This was attempted but was quickly interrupted within the first 3 minutes and therefore a decision to not continue with the presentation was made due to attendance issues.

Pilot Test ARCHES Lethbridge

ARCHES Lethbridge was the second site to have the education in-service. The PowerPoint presentation was altered slightly to reflect other disciplines other than RN's and research and statistics relating to ARCHES response to the opioid crisis included to ensure relevance for the participants.

Pilot test three: Held on July 8, 2019 from 1300-1400 just after lunch break with a total of 17 participants (n=17). This session was held in the facilities boardroom which had all capabilities for presentations.

Post Pilot Testing

After completion of each presentation a strength, weakness, opportunity, threat (SWOT) analysis (Ojala, 2017; Tavares Barbosa et al., 2017) was completed based on direct observations of the facilitator and a cumulative SWOT was created (see Appendix I). In this SWOT analysis the major finding was related to recruitment and attendance. In a rural setting it is challenging to recruit or engage participants when there is no real perceived incentive to attend an in-service. Unless this compassion literacy in-service was made mandatory, I believe the attendance would remain low because staff may not perceive it as a priority learning need. However, there are opportunities that exist for future presentations as there was much interest to present to the Quality Improvement team in the rural setting. Opportunities also exist in the urban setting within ARCHES Lethbridge and other non-profit organizations as there was much discussion after the presentation to connect with other 'crisis' organizations and to further present at ARCHES Lethbridge.

Strong organizational support existed within ARCHES Lethbridge and this was more than evident by the number of participants in attendance (n=17). During the key

stakeholder engagement phase, it was most apparent that ARCHES Lethbridge had a strong sense of the importance of compassion and mitigating compassion fatigue for their staff. Having the support and meaningful recognition from managerial supports has shown to reduce compassion fatigue and staff have higher levels of compassion satisfaction (L. A. Kelly, 2017) and at ARCHES Lethbridge, the Manager attended and promoted this education in-service with open arms. Upon initial meeting with ARCHES Lethbridge, I was personally taken around and introduced to all staff on at that time, and with this was engaged with numerous staff with full interest on compassion literacy and how to prevent compassion fatigue. In the depths of the opioid crisis, I believe this organization had intentions on keeping their staff safe and filled with compassion satisfaction.

From the SWOT analysis (Appendix I) I believe the teaching strategies were most appropriate for professional attendees. Utilizing a multitude of approaches including lecture with repetition of definitions throughout the PowerPoint presentation, video examples to reinforce definitions, discussions surrounding reflecting upon own practice, examples from facilitator's own practice, guided visual reflection and a self-compassion mindful video reached all levels of professional adult learners. An environment created on trust and encouragement enhanced a caring and compassionate environment (Sandberg, 2016) to learn in. By providing personal experiences of my own lack of compassionate care in practice I believe I was able to create an environment in which it was alright to reflect within oneself and accept the faults of our own barriers to self-compassion. Expressing this self-reflection allowed for deeper discussions and analysis of the participants own practice along with values and beliefs towards compassionate care as explored in Bloom's Taxonomy (Table 1).

Data Collection

Upon completion of the in-service participants completed an evaluation questionnaire as a summative strategy utilizing a combination of both qualitative and quantitative mixed methods approach. The instrumental design of the questionnaire created (see Appendix H) encompassed a total of 10 questions; 8 being quantitative questions and 2 being qualitative questions. The quantitative questions utilized a Likert 5 point scale with responses that ranged from strongly disagree, somewhat agree, neither agree nor disagree, somewhat agree, strongly agree. The 2 qualitative questions asked for specific examples of strengths and areas of improvements for the education session. The questionnaire was developed in alignment with the project goals below.

1) Increase knowledge and understanding of compassion literacy (definition and examples of terms; compassion, compassion fatigue, burn out and compassion satisfaction and other terms with multiple meanings)
2) Explore and identify self-care techniques to apply and demonstrate understanding of importance of self compassion in order to implement compassionate care within the Emergency Department

Quantitative Results

The first question examined in the questionnaire related to an overall improved understanding of compassion literacy as a result of the education session Figure 4.1.

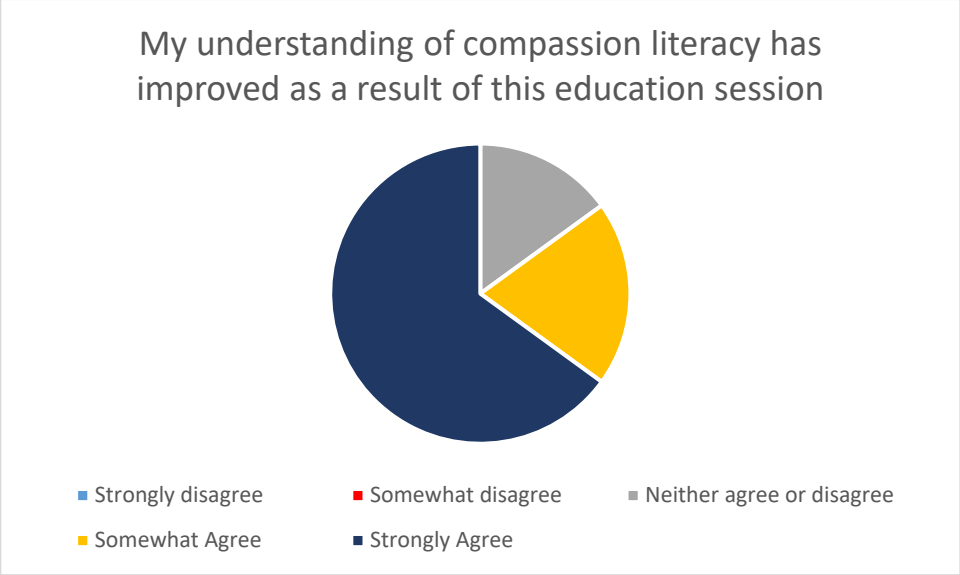

Figure 4.1 Understanding of compassion literacy has improved post education session

A total of 13 participants strongly agreed that their understanding had improved as a result of the education session, 4 somewhat agreed and 3 neither agreed nor disagreed. I believe these results, a total of 17 of n=20 had improvements in knowledge attained as a result of the education session. These results ascertain that project goal one was successfully achieved.

To further substantiate that the education session was successful in attaining both project goals, an overall question examining if the education session was of benefit was asked, and results found in Figure 4.2. 17 participants strongly agreed that the education session was of benefit, 2 somewhat agreed and 1 neither agreed nor disagreed. A total of 19 participants of n=20 felt that this education session was of benefit.

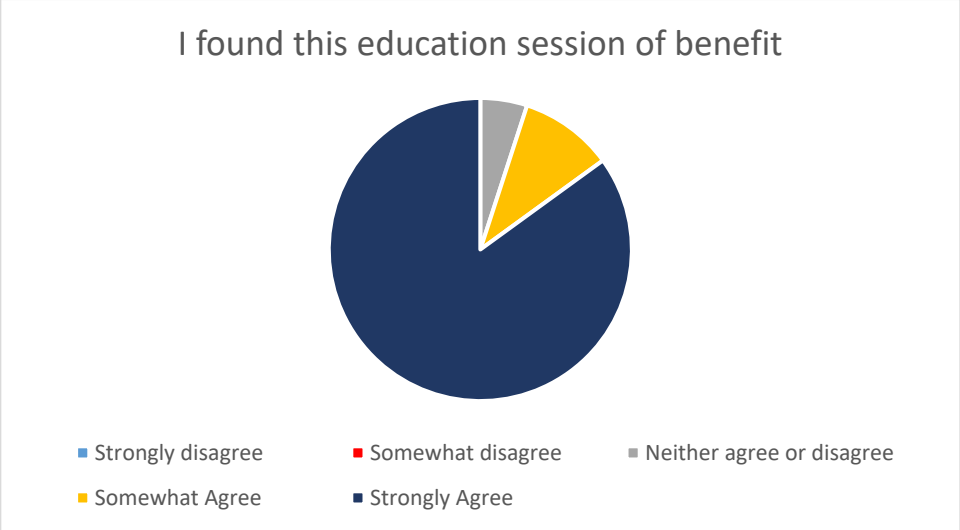

Figure 4.2 Education session was of benefit

Reflecting upon both of these questions, I believe the cognitive and affective domains explored in Bloom's Taxonomy (Table 1) were successfully achieved, especially attaining new knowledge and understanding of compassion literacy to apply into daily practice.

A comparison of prior and post knowledge to the education session relating to being able to confidently describe terms relating to compassion literacy is compared below in Figure 4.3 and Figure 4.4.

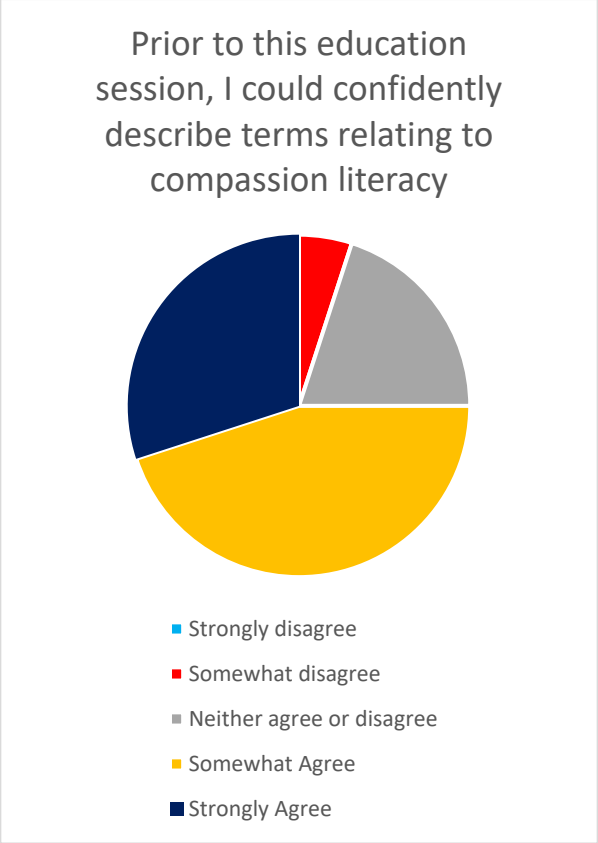

Figure 4.3 Prior, confidently describe terms

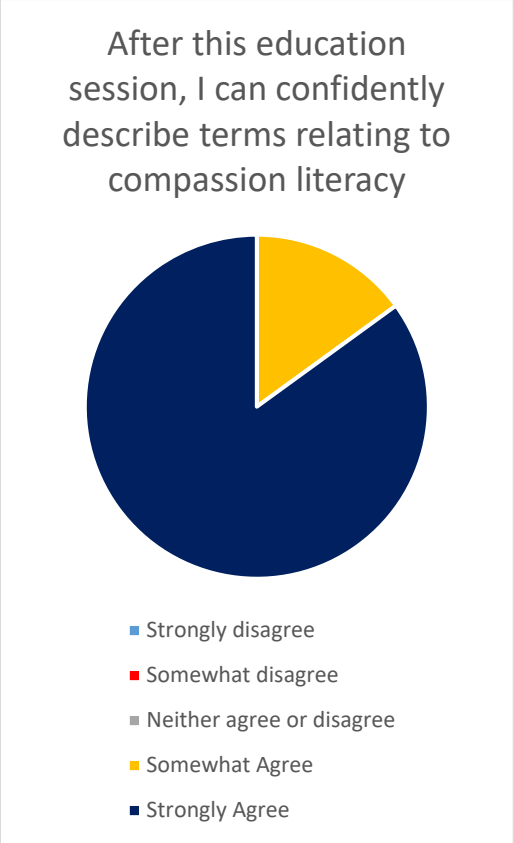

Figure 4.4 After, confidently describe terms

Prior to the education session 1 participant felt they somewhat agreed they could confidently describe terms relating to compassion literacy, 4 participants neither agreed or disagreed, 9 participants somewhat agreed, and 6 participants strongly agreed. After the education session these numbers increased to 17 participants feeling they strongly agreed that they could confidently describe terms relating to compassion literacy and 3 participants seomwhat agreed. This increase to all 20 participants acquiring knowledge surrounding compassion literacy proves success of the intended project goal one of increase knowledge and understanding of compassion literacy (definition and examples of terms; compassion, compassion fatigue, burn out and compassion satisfaction and other terms with multiple meanings). The need for this education strategy has been validated by

results above and encourages future education in-services to captured all staff within both sites.

Moving into project goal two, explore and identify self-care techniques to apply and demonstrate understanding of importance of self compassion in order to implement compassionate care within the Emergency Department, prior and after educational in-service questions were asked relating to being able to confidently identify self-care strategies to prevent burnout and compassion fatigue. Results were as follows in Figure 4.5 and Figure 4.6.

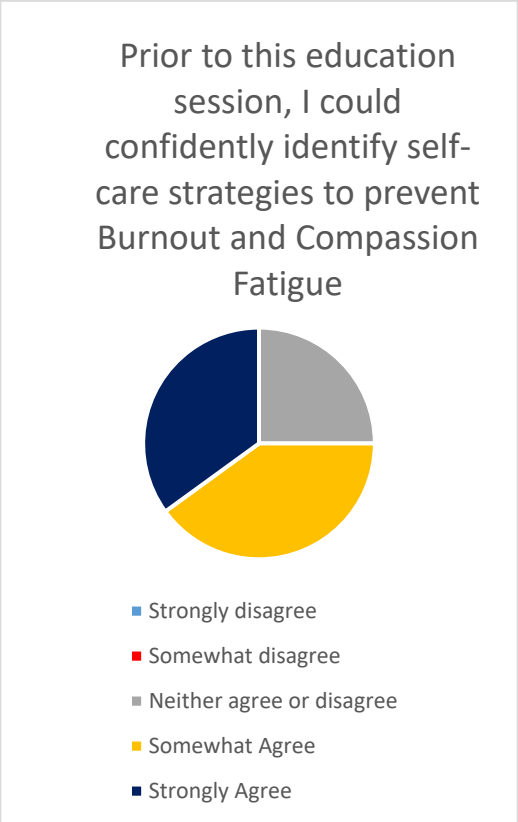

Figure 4.5 Prior, confidently identify self-care

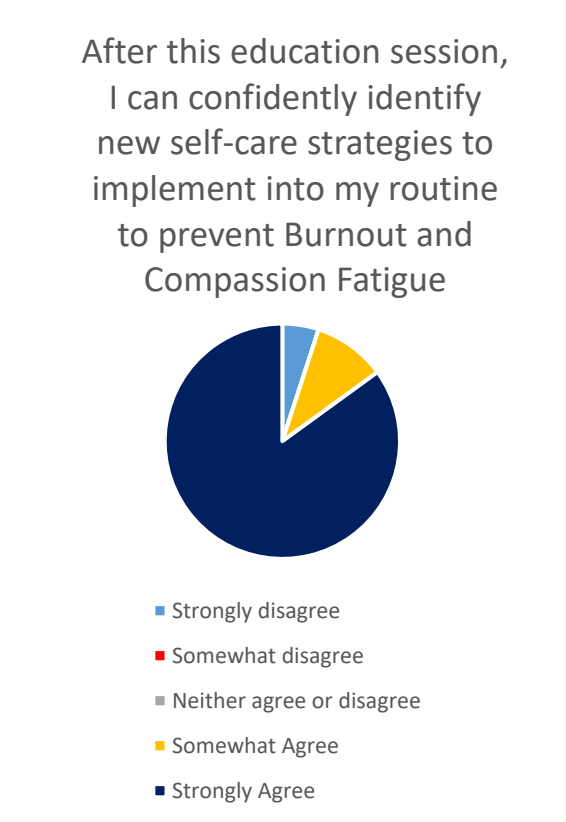

Figure 4.6 After, confidently identify self-care

Prior to the education session 3 participants neither agreed or disagreed that they could confidently identify self-care strategies to prevent burnout or compassion fatigue, 10 participants somewhat agreed, and 6 strongly agreed. After the education session the

results improved to 2 somewhat agreed they can confidently identify new self-care strategies to implement into their routines to prevent burnout and compassion fatigue and 17 strongly agreed. There was one participant in which felt they strongly disagreed they did not learn new strategies. Overall, the results demonstrate that knowledge was obtained to support success of project goal two: Explore and identify self-care techniques to apply and demonstrate understanding of importance of self compassion in order to implement compassionate care within the Emergency Department. Reflecting upon these results, I believe participants reflected upon their own practice, current strategies while organizing and internalizing values to support growth in the affective domain of Bloom's Taxonomy (Table 1) resulting in success of project goal two.

To further explore and employ compassion satisfaction beyond this education session a question was posed to participants to commit to implementing self-care strategies to ensure compassion satisfaction within their work environments, the results are as follows in Figure 4.7.

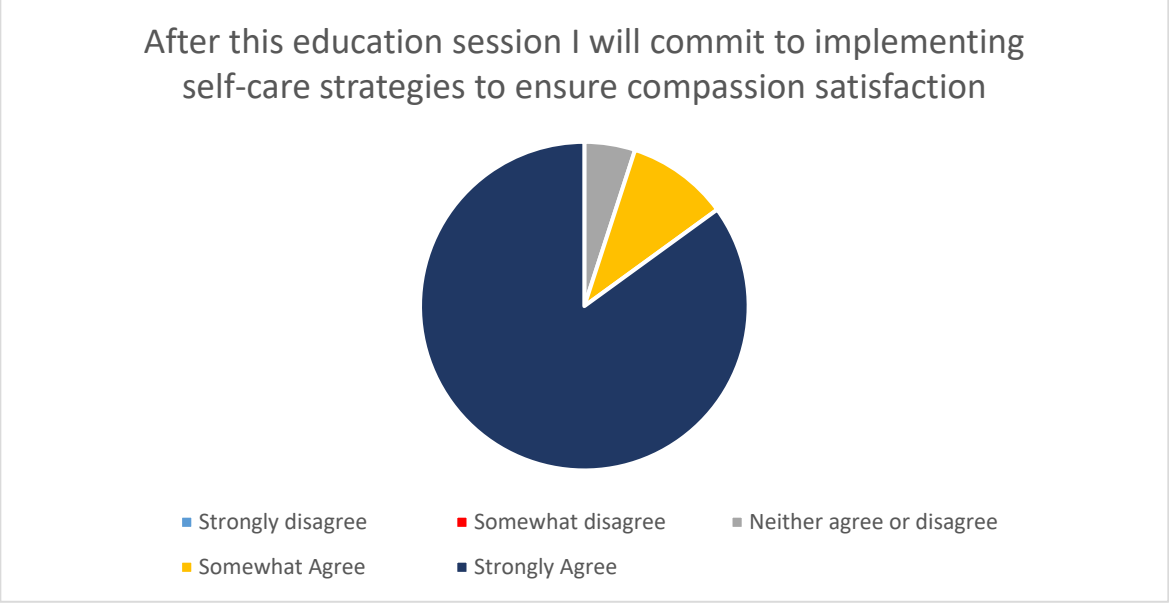

Figure 4.7 Commitment to implementing self-care strategies

A total of 17 participants strongly agreed that they would commit to implementing self-care strategies to ensure compassion satisfaction, 2 participants somewhat agreed and one participant neither agreed nor disagreed. Overall a total of 19 of 20 participants stated they would make a commitment to implement self-care strategies to ensure compassion satisfaction. This commitment to change reflects the affective domain of Bloom's Taxonomy (Table 2) in internalizing values and making changes in light of new information received to exhibit a professional commitment to compassionate practice. Participants positively and actively responded with future intentions of self-care strategies to enhance compassion satisfaction which in turn enhances compassionate care indicating success of the project goals.

With the results of the quantitative data obtained through the feedback questionnaire (Appendix G) I strongly believe that the intended project were achieved and the purpose of the project a success.

Qualitative Results

From the two qualitative questions asked in the post feedback questionnaire (Appendix G) common themes were derived from responses in Figure 4.8 below.

Figure 4.8 Qualitative themes

One major theme that arose was the use of definitions throughout presentation as these were “direct, informative, and explained in various ways to convey meaning”. Through the use of lecture then video to support and transfer meaning into practice I believe both project goals were attained. Knowledge translation in a short time frame with a sensitive and extensive topic was successful. This format of varied didactical instructional strategies supported both the cognitive and affective domains of Bloom’s Taxonomy (Table 1) (Lavoie et al., 2018).

A second major theme that arose from the qualitative questions which was not anticipated was that on the approach this facilitator had while presenting to participants. Feedback included “eager to teach, easy to approach, fun, lighthearted, very knowledgeable, made self-open to the group, created a safe environment”. These comments struck this facilitator as encouraging in being able to transfer knowledge effortlessly to those willing to learn a new concept. I believe creating a supportive compassion filled environment truly enhanced the learning of participants.

CHAPTER FIVE: REFLECTION

Project Development Process

From the beginning of this journey this project has been dear to my heart. As a compassionate person in life, I carry this into my practice without hesitation. However, in the trenches of the opioid crisis, I know that shifts can become overwhelming with influx of presenting overdose patients. I have seen the detriment the lack of compassionate care can have on both patients and health care professionals. In developing this educational in-service I found I had much support in the infancy stages, however, as time passed I found that key stakeholders began to lose their interest or unforeseen situations presented. Keeping the momentum moving forward was a challenge especially when events arose that were out of the control of many. Through perseverance however, the implementation of the in-service was successful.

The differences in audiences captivated my overall reflection of the test sites, one small intimate rural group and one large urban group. The participation that ensued in the small rural ED nursing group (n=3) exhibited much engagement with deeper conversations surrounding reflection on practice as well as patients seen in the ED. As a rural RN I know first-hand the bonds created with colleagues and the community, perhaps this contributed to the level of engagement in this session. The larger group from an urban setting (n=17) did not have this same intimacy nor engagement in discussions, and little was spoken without probing of thoughts and experiences.

Reflecting on my growth throughout this program, especially this last semester I can recognize the complexities in integrating knowledge derived from research and communicating it effectively into practice. Research has now become an essential part of my nursing practice and I continually seek the ‘why’ behind changes and advancements

in practice. During the project development process my desire to pursue best practice and share these findings with colleagues and key stakeholders was an exhilarating experience in order to enhance patient care.

Major Lessons Learned

The concept of compassion is very elusive yet complex in nature, and research surrounding this topic is extensive yet inconclusive on how to integrate with practice (Pattison & Samuriwo, 2016). Becoming a leader in knowledge translation, disseminating research and best practice has become a forefront of my nursing profession. The concept surrounding compassion literacy is one that is essential to nursing, and to health care professionals of all disciplines and becoming an expert on the topic has allowed for ease of discussions. Creating a change within a large organization has been explored and change theories created, however without the support of an active change agent progress of change will not occur (Mitchell, 2013; Pidgeon, 2017; Portoghese et al., 2012).

Rural nursing has many challenges and many main areas of concerns are continuing education, clinical competence and adequate resources. Rural nurses are generalists while at the same time expected to be specialists like their urban counterparts (McCoy, 2009). Within the context of rural nursing and the opioid crisis, limited resources exist therefore additional pressures occur when ED nurses are expected to exhibit compassionate care. Without proper resources to refer opioid crisis patients to, exhaustion begins to set in with repetitive empty discharge plans. Enhancing the rural setting with acceptable resources remains a significant challenge therefore the need to enhance perceived skills in compassion literacy a fallacy. Although through many discussions with colleagues surrounding compassion literacy, a major lesson learned was that without proper resources the need to reflect upon practice and implement proper self-

care, the ‘same old’ indifferent attitude persists without proper resources for opioid crisis patients. An ambivalent attitude exhibited by opioid crisis patients affects rural ED nurses ability to remain resilient and engaged in compassionate care.

When trying to reflect upon one’s own practice, and integrate the concept of compassion literacy there may be difficulties accepting one’s own limitations and acceptance of lack of compassionate care in practice. Nurses are expected to be compassionate caregivers (Sandberg, 2016) and when reflecting upon oneself and identifying points in practice where lack of compassion exists, nurses may feel less of a caregiver. Having compassion towards others starts from within as one cannot be truly compassionate to others if one is not compassionate to oneself (McConnell, 2015). Self-compassion is regarded as a way of remaining resilient to stress, compassion fatigue and burnout (M. Kelly & Tyson, 2016) and without the ability to implement preventative measures such as internal and external compassion, compassion satisfaction is not attained. Making a commitment to changing practice, changing values, and changing personal self-care is challenging if proper steps are not fully engaged. This topic is very sensitive in nature, and although thought to be an innate quality to nursing, there are those who do not know how to fully engage or take care of themselves first before taking care of others.

Implications for Nursing Practice and Future Research

This journey of implementing my project has immensely impacted my nursing practice and I believe I have a new found appreciation of being an expert and disseminating this information to others, both in the nursing profession as well as varying healthcare professionals. Having the confidence in my topic has allowed for great discussions both inside the work setting as well as informal settings. In having

conversations with colleagues about compassion, I can see the commitment that some make to ensure their practice is held with compassion at its heart which has been enlightening to witness the affects a simple conversation can make.

Having interventions or educational sessions that promote and support healthy work environments while focussing on the development of self-care strategies (Henson, 2017; Youngjin & GyeongAe, 2016) may assist in maintaining compassion satisfaction and compassionate care. Prevention strategies to mitigate compassion fatigue and burnout is essential in organizations as without, patient care is compromised as well as the health and safety of professionals (Henson, 2017). Reflecting back to my initial project logic model (Appendix A), having educational sessions that are tailored towards compassion literacy would ideally become part of the orientation process for all ED staff. This initial promotion of compassion literacy would solidify AHS's core values as well as a compassionate supportive management team. Cultivating a culture of compassion and compassionate care within the work environment enhances and encourages self-compassion for all staff and self empowerment (McConnell, 2015). Promoting compassion literacy and self-care is a long term investment (Hamilton et al., 2016) to all health care organizations in preventing compassion fatigue and burnout.

Future impacts to the opioid crisis would also be a major implication as nursing practice would potentially grow in regards to having more compassion towards those individuals experiencing opioid crisis. Having a skillset that includes being able to reflect upon how the nurse exists within and is influenced by the social environment (ED) of opioid users would be enhanced. Following a compassion literacy in-service ED nurses would be able to apply understanding of compassionate concepts to anticipate positive compassionate care outcomes when providing care to opioid overdose patients instead of

perceived negative outcomes. Compassion literacy and self-care techniques would influence ED nurses behaviour to maximize positive patient interactions while developing compassion satisfaction in their professional practice. Once self-care is implemented and attained individually, a collective efficacy begins to build within the ED promoting self-compassion and compassionate competent care then begins to flourish enhancing the morale of the ED, professional practice and patient outcomes.

Future research surrounding compassion literacy needs to continue to follow. Many areas of concerns throughout this project have struck a chord with the desperate need to pursue understanding, depth and breadth of compassion, compassion fatigue, and burnout along with compassion satisfaction within the healthcare setting, especially in the rural hospitals. Limited or next to no statistical findings relating to the opioid crisis exist within the rural setting, therefore truly understanding the magnitude and incidence of compassion fatigue and burnout within the rural south zone remains a perceived issue. A research study exploring incidence of compassion fatigue and burnout would enhance current pressures the rural south zone is experiencing at this current time.

Next Steps

Invitations were brought forward from each pilot test sites for future presentations. On a larger scale for AHS the Emergency Clinical Strategic Network (ESCN) specifically the team for the Suboxone (Buprenorphine/Naloxone) Initiation in Emergency Departments would be a benefit for all Emergency Departments across Alberta. Incorporating a health education strategy on compassion literacy while implementing the initiation of suboxone out of the emergency department would be an ideal scenario for this project and connecting with this team could show great improvements in ED nurses competency towards compassion literacy with this population of patients.

Formalizing the project deliverable to reach various disciplines would also be of benefit. In a short time period I was able to pull statistics specific to ARCHES Lethbridge however with more time, this could be expanded to encompass statistics for other organizations within Southwestern Alberta. I believe having these statistics is beneficial in validating the opioid crisis that front line staff are truly engaged with. Compassion is a topic in which I am truly passionate about, and I would love to continue to present to further organizations to ensure that compassion literacy is known within the healthcare system. Seeking and reaching for opportunities is something that is not foreign anymore, and I feel confident in being able to put myself out there with my topic to others to be heard.

Conclusion

Compassion, a complex term to be described is a vital aspect of nursing. With a health education strategy to promote true knowledge and understanding of compassion literacy during this continued opioid crisis, front line ED staff in SW Alberta will be supported and amassed with tools to engage in self-care techniques to reduce compassion fatigue and burnout while providing compassionate care. Compassion is the heart and soul of the nursing profession and therefore needs to be a fundamental focus within our healthcare setting to prevent our ED nurses from CF and BO to encourage and strive for compassionate practice. Organizational support is undoubtedly necessary to engage ED nurses in feeling self-worth and compassion satisfaction within this troubling environment. Investing in compassion literacy in turn invests in our front line ED staff who then invest in positive compassionate patient outcomes. Compassion literacy as a health education strategy reflects a dedication to all of AHS's core values, mission and vision to all Albertan's.

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APPENDIX A: Project Logic Model Compassion Literacy

Project Logic Model Compassion Literacy

Situation & Goals	Inputs	Activities & Outputs		Outcomes – Impact		
	What we invest	Activities & Audience	Deliverables	Short Term (Learning)	Medium Term (Action)	Long Term (Ultimate Impact)
					Post MN Project	Post MN project
Develop and deliver a health education strategy in the form of an in-service to address the complexities of compassion literacy and self-care techniques to Emergency Department Nurses within Southwestern Alberta to: 1) Increase knowledge and understanding of compassion literacy (definitions) 2) Explore and identify self-care techniques to apply and demonstrate understanding of importance of self compassion in order to implement compassion literacy within the Emergency Department.	- Finances for posters (promoting in-service) - Finances for cost of materials (handouts etc.) - Funding for staff to take time off of work to attend learning sessions -Time for staff to take learning sessions -Equipment: computer for presentation, projector, handouts, stationary - Research time **Stakeholders**: - SW Alberta ED nurses - Site Manager from SW Alberta ED's - Director of Acute Care Southwest Zone - Quality Improvement team ? - Emergency Clinical Strategic Network ? ARCHES Lethbridge (external resources: float pods, self care resources)	**Activities**: Determine theoretical models and teaching / learning strategies (SCT, ADDIE, BLOOMS) Example videos to support definitions Guided example of STOOP Education on Self-care techniques Video on Mindful self-compassion Post-questionnaire of compassion literacy **Participants**: SW Alberta ED nurses Opioid Crisis Workers Management **Target audience**: Primary: ED nurses Secondary: AHS	Lesson plan for the health educational strategy Deliver in-service X 2, each 45 min long to two separate audiences. Knowledge of compassion literacy Techniques on self-care to aid in proper maintenance of self Validation of importance of self-care and how to implement into practice Importance of self-compassion and link to compassionate care Increased knowledge of compassion literacy	- Increased knowledge and understanding of compassion literacy (compassion, compassion fatigue, burnout, compassion satisfaction and all relevant terms) - Self-care knowledge increases - Self-care techniques improve to enhance self-compassion - Positive attitudes surrounding compassionate care ensue	- Compassion literacy becomes a part of the orientation process to the ED - ED staff are able to self manage through self care knowledge learned - ED staff are able to recognize CF & BO in their self & colleagues and have open discussions about same and encourage self-care techniques to each other - Decreased levels of compassion fatigue and burnout	- ED staff are well versed in compassion literacy - ED staff are consistently engaging in compassionate care - ED staff have compassion satisfaction and no/little compassion fatigue or burnout exists - ALL patients and families are cared for with care and compassion - Deliverable is provided to other disciplines within the health care setting

APPENDIX B: ADDIE Model

COMPASSION LITERACY IN THE EMERGENCY DEPARTMENT:
A Health Education Strategy in Southwestern Alberta Emergency Departments

ADDIE ~ Analyze, Design, Develop, Implement, Evaluate

ANALYZE

Instructional Goals:
Develop and deliver a health education strategy to address the complexities of compassion literacy to Emergency Department Nurses within Southwestern Alberta to:

1) Increase knowledge and understanding of compassion literacy (definition and examples of terms; compassion, compassion fatigue, burn out and compassion satisfaction and other terms with multiple meanings)

2) Explore and identify self-care techniques to apply and demonstrate understanding of importance of self compassion in order to implement compassionate care within the Emergency Department

Target Audience:
Setting = ED in Southwestern AB
Population = Nursing staff
Issue = loss of compassion satisfaction thus negatively impacts ability to provide compassionate care.

Required Resources:
In-service (Lesson plan to be developed in Design/Develop phase)
Handouts – Post questionnaire of knowledge
Projector, laptop, internet capabilities
Room with chairs & tables – comfortable for participants
AHS EAP Resources (website, handouts)
Water, snacks?

DESIGN

Learning Objectives:
At the end of this In-service, learners will demonstrate the following learning outcomes related to Compassion Literacy

1) **Compassion Literacy:** Increase knowledge and understanding of compassion literacy (compassion, compassion fatigue, burn out and compassion satisfaction)

    - Remember and define key terminology within compassion literacy
    - Understand key terminology utilized within the healthcare system
    - Apply key terminology into case scenarios and choose to demonstrate in their practice setting
    - Respond in an effective compassionate manner to case scenarios and examine/reflect own current practice

2) **Self Care Techniques**: Explore and identify self-care techniques to apply and demonstrate understanding of importance of self compassion in order to implement compassion literacy within the Emergency Department

- Define, explain and self-care techniques and strategies to ensure self compassion is present in daily practice
- Discuss and recognize current self-care techniques and build from current knowledge
- Illustrate self-care techniques and how to employ to ensure compassion satisfaction is obtained

Instructional Strategies:

Through an andragogy approach which will encompass a variety of strategies for all learner types. Tangible handouts, videos for the visual, and repetition of terms through case examples.

Bloom's taxonomy will also provide an educational theory to follow and strive for learner comprehension of in-service.Through Blooms Taxonomy three domains of learning we can strive for a higher level of understanding of compassion literacy. Recognizing the importance of fostering interpersonal and humanistic qualities in the ED nurses in their interactions encourages learners to engage and empower their patients. This in-service will provide opportunities to challenge ED nurses personal bias towards addictions and links learning to direct patient care. After the in-service the learner (ED nurse) should have acquired a new skill, knowledge, and/or attitudes towards compassion literacy and providing compassionate care.

The 2 main areas of focus would be first the **cognitive** where the learner recalls and recognizes the concept of compassion literacy and its importance to compassionate care. The second important domain of this theory is the **affective** domain where the learner manages the in-service on an emotional level including feelings, values, appreciation and attitudes.

Table 1: Bloom's Taxonomy

Cognitive Domain	**Activity to be achieved**
Knowledge/Remembering	Attained during the in-service surrounding compassion literacy
Comprehension/Understand	Ability to understand compassion literacy, recognize the need for change and translates knowledge into actions
Application/Apply	Ability to apply and demonstrate compassionate care into practice in each new interaction uniquely
Analysis/Analyze	Ability to question or analyze own practice and make corrections to practice with compassionate care in each new interaction
Synthesis	Ability to arrange and form new creative behaviours for interacting with compassion
Affective Domain	**Activity to be achieved**
Receiving phenomena	Awareness, willingness to hear others with respect and acknowledge compassionate care is necessary
Responds to phenomena	Participates in discussions with compassion literacy in mind and has satisfaction in responding exclusively
Valuing	Demonstrates sensitivity and compassion towards others individual and cultural differences and needs
Organizing	Organizes values into priorities by contrasting different values, resolving conflicts between them. Accepts professional ethical standards of compassion within practice
Internalizes values	Revises judgements towards compassion literacy and changes behavior in light of new information displaying a professional commitment to ethical compassionate practice
Psychomotor Domain	**Activity to be achieved**
Perception/awareness	Ability to implement compassion literacy and use sensory cues to guide practice
Set	Readiness to act recognizing one's own abilities and limitations
Guided response	Early stages in learning complex skill, practices compassion literacy into practice through trial and error and commitment to practicing learned knowledge
Mechanism/proficiency	Intermediate stage of learning complex skill. Learned response becomes habitual through continued positive reinforcements of daily interactions
Complex overt response	Skillful performance, satisfaction of skill. Comprehended knowledge is now built into daily practice and is exhibited through competent compassionate care
Adaptation	Skill is well developed and can be adapted to fit special or unexpected situations
Origination	Creating new patterns to fit a specific situation, initiates compassion literacy and shares new patterns with others

(Muzyk et al., 2018)

Along with Bloom's Taxonomy, it is essential to include adult principles of learning.

Testing Strategies:

- DURING: Discussion of pre-existing knowledge, host in-service, video examples, discussions, reflection on own practice post questionnaire of knowledge
    - Throughout In-service provide little check-in's with participants to ensure everyone is feeling safe, secure, and managing topic appropriately.
    - Little questions to spark reflection on own practice, own self-care strategies

DEVELOP

Learning Resources:
Lesson Plan (See Appendix A – draft)
PowerPoint presentation with mini videos exploring terms
Guided example of reflection
Video on Mindful self-compassion

"Pre-test"/Validation:

- Parts of the Lesson Plan to be pre-tested with fellow Nurse Educator, Managers, and SOO QI stakeholders
- Subsequent revisions to in-service completed

Pilot Test:
Two different sites or areas of interest for comparison of feedback and observations obtained to create final deliverable.

3) Cardston Emergency Department Nurses
4) ARCHES opioid staff

IMPLEMENT

Preparation:

- Create schedule of tentative dates/times
- Create posters for distribution
- Have lesson plan developed, pre-tested, and final draft completed for presenting

Participation Engagement/Recruitment: (Starts at Design)

- Notification of In-service Dates (tentatively Late June)
- Create poster for distribution (posting at sites/email out)

EVALUATE

Formative Evaluation

Summative Evaluation

- **Perception**
- **Learning**
- **Performance**

ADDIE

APPENDIX C: ARECCI Screening Tool Results Link

ARECCI Screening Tool Results Link:
http://www.aihealthsolutions.ca/arecci/screening/422248/c4d0f83aed1ae3df8e8a6bd9cdcaf78a

APPENDIX D: Compassion Literacy Engagement Poster Cardston

COMPASSION LITERACY WITHIN THE HEALTH CARE SYSTEM

HEALTH CARE PROFESSIONALS

Let's learn about and understand compassion literacy together

- FOCUS on terminology including compassion, compassion fatigue, burnout and compassion satisfaction
- FOCUS on self-care techniques to ensure we practice self compassion
- FOCUS on building resiliency within ourselves
- LEARN strategies to embrace self-compassion

PRESENTATION BY • Angela McLeod BN, RN
University of Lethbridge ~ Master of Nursing Project

WHERE

Cardston Health Center
Conference Room

WHEN

July 3, 2019
1345-1445
1520-1620

ADVANCE TICKETS

RSVP via email:
angela.mcleod@uleth.ca

OR AT THE DOOR

Come one come all!

SPONSORS

A health practitioner that cares for your well being

BENEFITING

Your personal well being & all client interactions

APPENDIX E: Compassion Literacy Engagement Poster ARCHES

COMPASSION LITERACY WITHIN THE HEALTH CARE SYSTEM

HEALTH CARE PROFESSIONALS

Let's learn about and understand compassion literacy together

- FOCUS on terminology including compassion, compassion fatigue, burnout and compassion satisfaction
- FOCUS on self-care techniques to ensure we practice self compassion
- FOCUS on building resiliency within ourselves
- LEARN strategies to embrace compassion

PRESENTATION BY • Angela McLeod BN, RN
University of Lethbridge ~ Master of Nursing Project

WHERE

ARCHES
Boardroom

WHEN

July 8th, 2019
1300h

ADVANCE TICKETS

RSVP via email:
angela.mcleod@uleth.ca

OR AT THE DOOR

Come one come all!

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BENEFITING

Your personal well being & all client interactions

APPENDIX F: Lesson Plan

LESSON PLAN:

COMPASSION LITERACY IN THE HEALTHCARE SYSTEM:
A Health Education Strategy

2 min **Slide 1:** Welcome/Introductions

- My name is Angela and I am in my final semester of my Master of Nursing with the intent of bringing Compassion Literacy to a more prominent light to nursing.

5 min **Slide 2:**

Purpose of In-service

- My project is aimed at developing and delivering a health education strategy to address the complexities of compassion literacy to:
  1. Increase knowledge and understanding of compassion literacy within the healthcare setting. AND
  2. Explore and identify self-care techniques to apply and demonstrate understanding of importance of self compassion in order to implement compassion literacy within the Emergency Department

Expectations

- This is a safe environment that will exhibit respect and dignity towards all others

Confidentiality

- What is discussed and explored in this in-service shall stay within this group.
- Concepts surrounding the topic are permissible, however if we share experiences or other sensitive natured topics, that shall remain within this group without judgements.

Disclosure of identifying sensitive natured topic and AHS has EFAP available

- As this is a sensitive topic and core to nursing, if you feel you have delved into an area in which you are experiencing compassion fatigue or burnout please know that services are available and I will provide each participant with AHS resources through the Employee & Family Assistance Program (EFAP)
- EFAP is a free immediate and confidential service to all employees and family members, whether you are full time, part time or casual. Services can be accessed online, via telephone, video or via an app on your phone. (Have pamphlets to hand out)
  - On Insite search Employee & Family Assistance Program or (home – teams – Human resources – Health & wellness – Employee & Family Assistance Program) https://insite.albertahealthservices.ca/hr/Page964.aspx
- For NON AHS sites, discuss benefits and use of them for counselling purposes (*Discuss with each site attending to prior to presentation)
- If you feel that you require further assistance, please feel free to reach out to me or your Manager for further supports and resources

35 min **Power Point Presentation** (Slide 3-14)

1 min **Slide 3**: Background Information

- Discuss statistics for South Zone re: Opioid Crisis and rationale re: compassion literacy

1 min **Slide 4**: Goals & Objectives

- My projected goals by the end of this in-service is multi layered, requiring participation ☺
- FIRST:
  Through exploration of the concept of compassion and similar terminology with the aim to build an understanding of key terminology utilized within the healthcare system.
- SECOND:
  After delineating terms I will further explore self-care and with your help correlate how these 2 concepts come together in our daily encounters to ensure we have compassion satisfaction in our roles.
- THIRD:
  To explore Building resiliency within oneself and organization level to ensure that compassionate care is provided to each and every patient/client through what has been attained today and previous experiences.

1 min **Slide 5**: Compassion VS Empathy

- Definitions of terms (Historically, defined by Merriam-Webster, in practice)

5 min **Slide 6**: Example videos of both compassion & empathy

- (1:36) Compassion
- (2:53) Empathy
- After video probe group re: examples of their own practice
  - Do you see compassion in practice?
  - Something to think about: If you didn't see compassionate care would you speak up?

1 min **Slide 7**: Compassion fatigue (CF) vs Burnout (BO)

- Definitions of terms

1 min **Slide 8**: Flowchart of CF vs BO

- Explore this flowchart and differences between CF & BO
- Long term results of both CF & BO include low morale, absenteeism, nurse turnover, and apathy – All of these consequences have a negative impact on patient care (Hunsaker, 2015)

1 min **Slide 9**: Vicarious Trauma (VT) vs Secondary Traumatic Stress (STS)

- Definitions of terms
- Questions/Discussion surrounding seeing this in practice

1 min **Slide 10**: Compassion Satisfaction (CS)

- Definition
    - Ask the group to reflect upon their current practice and explore their own CS

5 min **Slide 11**: Preventative Measures

- Explore and define the following and have class participate in examples:
    - Self-care
    - Self-compassion
    - Self-awareness
    - Self-reflection

5 min **Slide 12**: STOOP (Stop, Take a breath, Observe, Options, Proceed)

- Go through the acronym and then have reflection on their practice with guidance by presenter (guided imagery)

1 min **Slide 13**: Building Resilience

- Bringing it all together to ensure compassionate care: Self-care/Self-compassion
    - What can you do in your work environment to support resiliency?
        - Examples: Break room with essentials to relax/meditate/mindful awareness (teas, pictures, essential oils, breathing techniques etc.)

5 min **Slide 14**: Mindful Techniques

- (3:44min) Video
- Discussion surrounding effectiveness on

5 min **Slide 15:** Post Questionnaire of compassion literacy

3 min **Slide 19:** Thank you & Discussions

- THANK YOU sincerely for attending and being active participants in today's in-service

APPENDIX G: Questionnaire

COMPASSION LITERACY WITHIN THE HEALTHCARE SYSTEM

Feedback Questionnaire

The following 8 questions will ask you to rate your knowledge on a scale of 1-5.
1 being **strongly disagree** and 5 being **strongly agree**. Please circle one answer.

	Strongly Disagree	Somewhat Disagree	Neither agree or disagree	Somewhat Agree	Strongly Agree
1. My understanding of compassion literacy has **improved** as a result of this education session	1	2	3	4	5
2. **Prior** to this education session, I could confidently describe terms relating to compassion literacy	1	2	3	4	5
3. **After** this education session, I can confidently describe terms relating to compassion literacy	1	2	3	4	5
4. **Prior** to this education session, I could confidently identify self-care strategies to prevent Burnout and Compassion Fatigue	1	2	3	4	5
5. **Prior** to this education session I practiced self-care strategies to prevent Burnout and Compassion Fatigue	1	2	3	4	5
6. **After** this education session, I can confidently identify new self-care strategies to implement into my routine to prevent Burnout and Compassion Fatigue	1	2	3	4	5
7. **After** this education session I will commit to implementing self-care strategies to ensure compassion satisfaction	1	2	3	4	5
8. I found this education session of benefit	1	2	3	4	5

For the following questions please answer in your own words, using ***specific examples*** where possible:

9. In your opinion, what were the strengths of this education session?

10. What would you recommend for areas of improvement for this education session?

Thank you!

APPENDIX H: SWOT Analysis