

Liberty University John W. Rawlings School of Divinity

Pastoral Care and the Alleviation of Compassion Fatigue in Staff at St. Mary's Hospice

A Thesis Project Submitted to

the Faculty of Liberty University School of Divinity

in Candidacy for the Degree of

Doctor of Ministry

by

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THE DOCTOR OF MINISTRY THESIS PROJECT ABSTRACT

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This action research project studied compassion fatigue in hospice staff and the ways that Christian prayer practices can mitigate compassion fatigue symptoms and contribute to resiliency. The sample population included forty employees and the sample size was N=6. The participants answered four anonymous, self-report assessments to measure six areas, compassion satisfaction, self-compassion, secondary traumatic stress, burnout, perceived stress, and spirituality at the first of eight weekly sessions. These assessments included the Professional Quality of Life Scale (ProQOL), the Perceived Stress Scale, the Spiritual Intelligence Self-Report Inventory, and the Self-Compassion Scale.

Six weeks of prayer interventions followed the initial assessments then on the eighth week, staff completed the same four anonymous assessments that they took at the beginning of the project. Employing a focus group format, participants discussed their findings at each session. Additionally, participants answered anonymous questionnaires on their opinions about the compassion fatigue project interventions which corroborated the data from the assessments.

The assessments' statistical results showed improvement in three out of six areas: burnout, perceived stress, and spiritual intelligence. Areas in need of further attention were self-compassion, compassion satisfaction, and secondary traumatic stress.

Based on the assessment data and feedback from the participants, the writer recommends that St. Mary's Hospice management provide monthly debriefing sessions and offer the Compassion Fatigue Prayer Project again for other staff members. This project showed that group self-care interventions including education of compassion fatigue, creative prayer practices, and debriefing can benefit hospice workers.

Key words: compassion fatigue, hospice, burnout, resiliency, prayer

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Abbreviations

DMIN	<i>Doctor of Ministry</i>
LUSOD	<i>Liberty University School of Divinity</i>
IDT	<i>Interdisciplinary Team</i>
GIP	<i>General In-Patient Level of Care</i>

Chapter 1

Introduction

This DMIN thesis project examined compassion fatigue in hospice workers and how spiritual interventions enhance resiliency and compassion satisfaction. Historically, compassion fatigue was considered a maladaptation.¹ Now researchers are discovering that, to the contrary, compassion fatigue is a normal response to work stressors, an outpouring of empathy and compassion, and long-term exposure to the suffering of patients.² Symptoms of compassion fatigue include extreme fatigue, lack of concentration, increased frustration and irritability, friction with co-workers, disconnection from others, and maladaptive coping such as dependence on alcohol, tobacco, caffeine, drugs, or food.³ Compassion fatigue can be avoided and treated with good self-care habits, and emotional support but if the professional does not have proper support, compassion fatigue can eventually set in.⁴

Ochburg believes burnout is the result of unaddressed compassion fatigue.⁵ Burnout and compassion fatigue share many of the same symptoms: cynicism, exhaustion, depersonalization, insomnia, irritability, difficulty concentrating, low work productivity, lack of engagement in work goals, being easily angered, avoiding, complaining, and looking for

¹ William Steele, *Reducing Compassion Fatigue, Secondary Traumatic Stress and Burnout* (New York: Routledge, 2020), 47.

² Ibid.

³ Ibid.; Lisa M. Zajac, Katherine J. Moran, and Carla J. Groh, "Confronting Compassion Fatigue: Assessment and Intervention in Inpatient Oncology," *Clinical Journal of Oncology Nursing* 21, no. 4 (August 2017): 446; Frank Ochburg, "Compassion Fatigue, Secondary PTSD, Vicarious PTSD, Differences," September 2, 2011, video, accessed June 20, 2021, https://www.youtube.com/watch?v=Q3hJn_tWzLw&list=PL_MJ6w51GvAyCdC8CcCIKSmxZ7DwwMkbj&index=17.

⁴ Karen Alkema, Jeremy M. Linton, and Randall Davies, "A Study of the Relationship Between Self-Care, Compassion Satisfaction, Compassion Fatigue, and Burnout Among Hospice Professionals," *Journal of Social Work in End-of-Life & Palliative Care* 4, no. 2 (2008): 102; Ochburg, "Compassion Fatigue, Secondary PTSD, Vicarious PTSD, Differences."

⁵ Ochburg, "Compassion Fatigue, Secondary PTSD, Vicarious PTSD, Differences."

other employment.⁶ Polat makes the distinction that burnout gets better when the employee leaves the troubling job, but compassion fatigue does not dissipate.⁷ Conversely, Stamm sees burnout as a component of compassion fatigue not an effect of compassion fatigue.⁸ Stamm's ProQOL assessment reflects this difference as it measures two components of compassion fatigue, burnout, and secondary traumatic stress and one protective factor, compassion satisfaction.⁹

While self-care has become a popular buzzword in the last twenty years, few agencies discuss specific ways that employees can care for themselves.¹⁰ Even fewer actually provide stress mitigation resources for their employees.¹¹ Typically, managers consider self-care to be the sole responsibility of the individual.¹² Certainly, self-care should be a personal priority, but more researchers are proposing that healthcare agencies facilitate self-care with their employees.¹³ Medical facilities that invest in providing self-care opportunities for their staff will find it a cost-effective benefit that increases productivity, reduces absences, decreases medical mistakes, and builds resiliency.¹⁴

⁶ Nicola Payne, "Occupational Stressors and Coping as Determinants of Burnout in Female Hospice Nurses," *Journal of Advanced Nursing* 33, no. 3 (2001): 397.

⁷ Hatice Polat, Gulcan B. Turan, and Mehtap Tan, "Determination of the Relationship of the Spiritual Orientation of Nurses with Compassion Fatigue, Burnout, and Compassion Satisfaction," *Perspectives in Psychiatric Care* 56 (April 2020): 921, accessed November 30, 2021, DOI: 10.1111/ppc.12513.

⁸ Beth Hudnall Stamm, *The Concise ProQOL Manual 2010*, 2nd ed., ProQOL.org., (Pocatello, ID): 2010, 8-9.

⁹ Ibid.

¹⁰ Zajac, "Confronting Compassion Fatigue," 446.

¹¹ Ibid.

¹² Faith Dickens Fitzgerald, "Renewing the Spirit of Hospice: A Spiritual Response to Compassion Fatigue in Hospice Workers" (DMin. thesis, Lancaster Theological Seminary, 2020), 4, accessed August 10, 2020, <https://www.proquest.com/docview/2404305600/EF44BF578C264CE6PQ/3?accountid=12085>.

¹³ Steele, "Reducing Compassion Fatigue," xvii, 64.

¹⁴ Ying-Ying Zhang, Cheng Zhang, Xiao-Rong Han, Weid Li, and Ying-Lei Wang, "Determinants of Compassion Satisfaction, Compassion Fatigue and Burn Out in Nursing," *Medicine* 97, no. 26 (June 2018): 6, accessed June 10, 2021, doi:10.1097/MD.00000000000011086; Dereen Houck, "Helping Nurses Cope with Grief and Compassion Fatigue: An Educational Intervention," *Clinical Journal of Oncology Nursing* 18, no. 4 (2014): 456, accessed August 5, 2020, DOI: 10.1188/14.CJON; Steele, "Reducing Compassion Fatigue," 4.

Resiliency describes the series of positive attributes that sustain a person throughout life.¹⁵ Resiliency reflects how a person navigates the trials and emotional injuries of life and still maintains physical health and a positive outlook on the world.¹⁶ This project focused on three components of resiliency including, self-care, self-reflection, and self-compassion.¹⁷

Much of the literature available defines self-care as eating a healthy diet, getting eight hours of sleep each night, and maintaining mindfulness.¹⁸ All these habits contribute to caring for oneself, but additional factors include maintaining appropriate work hours, having hobbies, having down-time with no obligations, enjoying family and friend relationships, and fostering one's spirituality.¹⁹

The ability for self-reflection is a primary factor in resiliency.²⁰ Steele describes the lack of self-reflection skills as "being stuck on a treadmill, always moving but going nowhere."²¹ Self-reflection is the ability to discern one's feelings, motivations, and intentions, then evaluate one's actions and the events of the day.²² Self-reflection helps a person identify one's feelings and physical condition.²³ For instance, a client's difficult situation may leave professional caregivers feeling frustrated and helpless. If the caregivers are not aware of these emotions, they are not able to process them and let them go.²⁴ Instead, they nag and fester in

¹⁵ Robert G. Maunder, William Lancee, Reet Mae, Leslie Vincent, Nathalie Peledreau, Mary Agnews Beduz, Jonathan Hunter, and Molyn Leszcz, "Computer-Assisted Resilience Training to Prepare Healthcare Workers for Pandemic Influenza: A Randomized Trial of the Optimal Dose of Training," *BMC Health Serv Res* 10, no. 72 (2010): 2, accessed September 6, 2020, <https://doi.org/10.1186/1472-6963-10-72>.

¹⁶ Ibid.

¹⁷ Steele, *Reducing Compassion Fatigue*, 4.

¹⁸ C. Heath, A. Sommerfield, and B.S. von Ungern-Sternberg, "Resilience Strategies to Manage Psychological Distress Among Healthcare Workers During the COVID-19 Pandemic: A Narrative Review," *Anaesthesia*, 75 (2020): 1366, accessed June 1, 2021, <https://doi-org.ezproxy.liberty.edu/10.1111/anae.15180>.

¹⁹ Steele, *Reducing Compassion Fatigue*, 109, 129.

²⁰ Ibid., xvii.

²¹ Ibid.

²² Ibid.

²³ Ibid., 134.

²⁴ Ibid.

the mind.²⁵ Another example might be professionals who stay so busy that they do not realize they are exhausted and need to rest.²⁶ Being self-aware allows professionals to process their needs and attend to themselves.²⁷

The last piece of resiliency is self-compassion, which simply means treating oneself as kindly and generously as one would treat another person.²⁸ Many times, a person's inner voice can demand harder and harder work for the person to feel valuable.²⁹ Other times, the critical voice downplays one's accomplishments or says unkind things about one's appearance or actions.³⁰ Building up a kind inner voice allows persons to be compassionate to themselves and nurture their own needs.³¹ The last piece of self-compassion is seeing oneself as part of the human condition with all its shortcomings and strengths.³² When a person feels that they are not alone in the struggle of life, then they do not feel as isolated and can look at their own mistakes with kindness.³³

This eight-week project focused on the potential compassion fatigue of the St. Mary's Hospice team in Athens, Georgia and implemented a combination of self-reflective and contemplative spiritual practices to determine the efficacy of these practices to combat or mitigate burnout and compassion fatigue. With the three components of resiliency, self-care, self-reflection, and self-compassion informing this project, the program design included

²⁵ Steele, *Reducing Compassion Fatigue*, 134.

²⁶ Ibid.

²⁷ Ibid..

²⁸ Ibid., xv, 109.

²⁹ Ibid., 109.

³⁰ Ibid.

³¹ Ibid.

³² Kristen D. Neff, and Roos Vonk, "Self-Compassion Versus Global Self-Esteem: Two Different Ways of Relating to Oneself," *Journal of Personality* 77, no. 1 (2009): 26, accessed January 1, 2021, DOI: 10.1111/j.1467-6494.2008.00537.x.

³³ Ibid.

Ignatian spirituality practices, self-reflection activities, and creativity exercises to allow staff to process their stressful feelings in the presence of God. This project examined how experiencing God through contemplative prayer techniques provides an additional protective factor for hospice workers.

During the first session, participants completed self-report assessment tools including the Professional Quality of Life Scale (ProQOL), and Kristen Neff's Self-Compassion Scale.³⁴ Additionally, Sheldon Cohen's Perceived Stress Scale, and the Spiritual Intelligence Self-Report Inventory by David King measured both stress and spirituality levels in the staff.³⁵

Focus group sessions evaluated the participants' thoughts and feelings about the spiritual interventions, including which practices they found the most helpful. The spiritual practice interventions were introduced over six weeks, then a follow-up assessment and questionnaire concluded the study on the eighth week. Based on the participants' responses, this researcher recommends that St. Mary's Hospice provide ongoing spiritual practices as professional support for their employees.

Ministry Context

St. Mary's Health Care

St. Mary's Hospice, an extension of St. Mary's Hospital in Athens, GA, is the ministry context for this project. St. Mary's Hospital's main campus is located in Athens, but two

³⁴ ProQOL Assessment, "The ProQOL Measure in English," accessed January 3, 2021, <https://proqol.org/proqol-measure>; Filip Raes, Elizabeth Pommier, Kristen D. Neff, and Dinska Van Gucht, "Construction and Factorial Validation of a Short Form of the Self-Compassion Scale," *Clinical Psychology and Psychotherapy* 18, (2011): 254.

³⁵ Sheldon Cohen, *Perceived Stress Scale*, accessed June 10, 2021, <https://www.mindgarden.com/documents/PerceivedStressScale.pdf>; David King, and T. L. DeCicco, "A Viable Model and Self-Report Measure of Spiritual Intelligence," *International Journal of Transpersonal Studies* 28, no.1 (2009): 79, accessed June 10, 2021, DOI: 10.24972/ijts.2009.28.1.68.

satellite hospitals, Sacred Heart and Good Samaritan, are located in Lavonia, GA and Greensboro, GA respectively.³⁶ St. Mary's Hospital was opened in 1906 by two doctors, Henry Marshall Fullilove and J. Peeples Proctor.³⁷ Unfortunately, it closed in 1937 after the deaths of both doctors.³⁸ St. Mary's spiritually rich history began when the Catholic Diocese of Georgia bought the defunct hospital in 1938 and nuns from the Congregation of the Missionary Sisters of the Sacred Heart of Jesus began overseeing the operation of the facilities.³⁹ After moving in 1966 from the facility on Milledge Avenue to its present location on Baxter Street, St. Mary's opened the home health division, which serves patients in their homes.⁴⁰ In 1990, St. Mary's added hospice care to their home health offerings.⁴¹

As a not-for-profit ministry, St. Mary's strives to be financially viable, offering 196 beds, a Family Birth Center, an acute rehabilitation facility, outpatient physical therapy and rehabilitation, and a Primary Stroke Center.⁴² In 1997, St. Mary's expanded into managed-eldercare-living by purchasing Highland Hills, a retirement community that includes independent living, assisted living, and an Alzheimer's care unit.⁴³ St. Mary's Hospice was established in 1990.⁴⁴ Finally, in 2019, St. Mary's started a palliative care program that begins in the hospital and is available to continue as the patient discharges to home.⁴⁵ Today, St.

³⁶ "About Us: History," St. Mary's Health Care System, accessed August 29, 2020, <https://www.stmaryshealthcaresystem.org/about-us/history>.

³⁷ Ibid.

³⁸ Ibid.

³⁹ Ibid.

⁴⁰ Ibid.

⁴¹ Ibid.

⁴² Ibid.

⁴³ Ibid.

⁴⁴ "Celebrating Compassionate Care Since 1990," St. Mary's Health Care System, accessed August 28, 2020, <https://www.stmaryshealthcaresystem.org/find-a-service-or-specialty/home-care-and-hospice/home-hospice>.

⁴⁵ "Care in the Home," *Health Outlook Magazine*, Fall/Winter 2020, 8-9.

Mary's Hospital System continues the ministry of the Catholic Church as part of Trinity Health based in Livonia, MI.⁴⁶

Trinity Health

Trinity Health provides a strong support structure and financial stability for its hospitals in 22 states and reported \$19.3 billion in revenue.⁴⁷ Additionally, Trinity reports supporting local communities with \$1.2 billion through their Community Benefit program.⁴⁸ As the name suggests, Community Benefit refers to the total of all the contributions made to local communities.⁴⁹ These contributions include research, education, health improvement initiatives, and financial donations.⁵⁰ This commitment to the community reflects Trinity's core values of reverence, dedication to the poor, safety, justice, stewardship, and integrity.⁵¹ While Trinity Health is a Catholic institution, it strives to embrace all faith practices and has a robust diversity program.⁵²

St. Mary's Hospice

St. Mary's Hospice provides hospice services in the patient's home, nursing homes, assisted living facilities, and at the Hospice House while serving thirteen Georgia counties including Clarke, Oconee, Oglethorpe, Greene, Morgan, Walton, Barrow, Jackson, Banks,

⁴⁶ "Community Health Needs Assessment," St. Mary's Health Care System, accessed August 29, 2020, <https://www.stmaryshealthcaresystem.org/assets/documents/financial-and-organizational/saint-marys-2019-chna-final.pdf>.

⁴⁷ "Trinity Health Facts and Figures/Financial Strength," Trinity Health, accessed August 29, 2020, <https://www.trinity-health.org/about-us/facts-and-figures-financial-strength>.

⁴⁸ "Community Benefit," St. Mary's Health Care System, accessed August 29, 2020, <https://www.stmaryshealthcaresystem.org/about-us/community-benefit>.

⁴⁹ Ibid.

⁵⁰ Ibid.

⁵¹ "Mission, Core Values and Vision," Trinity Health, accessed August 29, 2020, <https://www.trinity-health.org/about-us/mission-core-values-and-vision>.

⁵² "Diversity and Inclusion," Trinity Health, accessed February 9, 2021, [https://Diversity & Inclusion \(trinity-health.org\)](https://Diversity%20%26%20Inclusion(trinity-health.org)).

Franklin, Hart, Madison, and Elbert.⁵³ The hospice's patient census averages over eighty patients daily, including both Hospice House patients and home patients.⁵⁴ Hospice uses a team philosophy with multiple disciplines caring for the patient's physical symptoms, hygiene requirements, psycho-social needs, and spiritual support.⁵⁵ The team consists of a medical director and numerous nurses, home health aides, social workers, chaplains, and volunteers to support this goal, with each of these positions federally mandated by Medicare.⁵⁶

Medicare observes four levels of patient care: routine, respite, general in-patient, and continuous care.⁵⁷ Routine level of care is the normal day-to-day care that hospice provides on-site or in the home.⁵⁸ Respite care offers a place for the patient to live and receive care when the home caregivers need a restorative break.⁵⁹ The patient stays at the Hospice House for five days to allow the family to rest.⁶⁰ The patient can also receive general in-patient care (GIP) at the Hospice House.⁶¹ This level of care provides 24-hour nursing supervision to alleviate acute symptoms such as vomiting, anxiety, respiratory distress, pain, and terminal agitation.⁶² Continuous care takes place in the patient's home and, as with GIP, is under the supervision of a nurse and the medical director.⁶³ The nurse assesses and medicates as needed for the acute

⁵³ "Celebrating Compassionate Care Since 1990," St. Mary's Health Care System.

⁵⁴ Petti-Jeanne Sheldon, interview by author, Athens, March 1, 2020.

⁵⁵ St. Mary's Health Care System, *Hospice Services: Compassionate End of Life Care*, Athens: St. Mary's Health Care System, 2000.

⁵⁶ Ibid.

⁵⁷ CGS Administrators, "Hospice Levels of Care," July 25, 2012, accessed May 23, 2021, https://www.cgsmedicare.com/hhh/coverage/Coverage_Guidelines/Levels_of_Care.html.

⁵⁸ Ibid.

⁵⁹ CGS Administrators, "Respite Care," July 25, 2012, accessed May 23, 2021, https://www.cgsmedicare.com/hhh/coverage/Coverage_Guidelines/respite_care.html.

⁶⁰ Ibid.

⁶¹ CGS Administrators, "General Inpatient Care," July 25, 2012, accessed May 23, 2021, https://www.cgsmedicare.com/hhh/coverage/Coverage_Guidelines/general_inpatient_care.html.

⁶² Ibid.

⁶³ CGS Administrators, "Continuous Home Care," July 25, 2012, accessed May 23, 2021, https://www.cgsmedicare.com/hhh/coverage/Coverage_Guidelines/continuous_home_care.html.

symptoms.⁶⁴ Each level of care is dependent on the patient's symptoms and requires a doctor's order to change between levels of care.⁶⁵

After the patient dies, Medicare mandates that hospice provide a bereavement program with anticipatory grief support and postmortem bereavement support.⁶⁶ Most bereavement programs provide support to the bereaved families for thirteen months after the patient's death.⁶⁷ Thirteen months may seem like an arbitrary number, but this specific number of months provides support to the family for all the holidays, birthdays, and anniversaries experienced during the first year of grief.⁶⁸ In addition to grief support, the hospice staff participates in an annual remembrance service to memorialize the patients who died in the past year.⁶⁹

The St. Mary's Hospice House provides a significant benefit for St. Mary's hospice patients.⁷⁰ The Hospice House is the only one of its kind in Athens and shares the greenspace campus with Highland Hills Retirement Community.⁷¹ The craftsman-style building offers twelve private patient rooms with ensuite bathrooms.⁷² Each room has electric hospital beds, oxygen connections, and electric ceiling-mounted lifts for moving patients from the bed to the chair.⁷³ Rooms are available for respite care to give caregivers a break and patients may stay at the facility for five days for respite.⁷⁴ The house also offers acute care for patients who have

⁶⁴ CGS Administrators, "Continuous Home Care."

⁶⁵ CGS Administrators, "Hospice Levels of Care."

⁶⁶ CGS Administrators, "Bereavement Counseling," July 25, 2012, accessed May 23, 2021, https://www.cgsmedicare.com/hhh/coverage/Coverage_Guidelines/bereavement_counseling.html.

⁶⁷ St. Mary's Health Care System, *Hospice Services: Compassionate End of Life Care*.

⁶⁸ Ibid.

⁶⁹ Sheldon, interview, March 1, 2020.

⁷⁰ St. Mary's Health Care System, *Hospice House: Quality at the End of Life*, Athens: St. Mary's Health Care System, 2007.

⁷¹ St. Mary's Health Care System, *Hospice Services: Compassionate End of Life Care*.

⁷² Ibid..

⁷³ Sheldon, interview, March 1, 2020.

⁷⁴ Ibid.

symptoms that cannot be controlled at home.⁷⁵ These symptoms may include anxiety, pain, respiratory distress, terminal agitation, and vomiting.⁷⁶

Recent renovations completed in 2020 added a state-of-the-art conference room with Smart Board technology, a kitchen, family dining area, chapel room, staff sleep room, and offices.⁷⁷ Across from the Hospice House is a free-standing chapel where families can have private quiet time.⁷⁸

The average daily staffing at the Hospice House consists of two to four nurses during the day and two to three nurses at night depending on the in-house census.⁷⁹ The home hospice team consists of several nurses, on-call nurses, social workers, an on-call social worker, chaplains, certified nursing assistants, nurse-administrators, a volunteer coordinator, office staff, and a physician medical director.⁸⁰ The tenure of the staff ranges from one year to thirty years.⁸¹ The current trend in hospice care uses a point scale to measure productivity, and St. Mary's is no exception.⁸² All field staff must earn 25 points per week with each activity earning 1-2 points based on length of time required for the activity.⁸³ This quota can be a source of stress at times and is frequently discussed among the team.⁸⁴

Each week the staff holds an inter-disciplinary team (IDT) meeting to discuss each patient's progress or decline and the recommended plan of care.⁸⁵ During this two-hour

⁷⁵ Sheldon, interview, March 1, 2020.

⁷⁶ St. Mary's Health Care System, *Hospice House*.

⁷⁷ Sheldon, interview, March 1, 2020.

⁷⁸ St. Mary's Health Care System, *Hospice House*.

⁷⁹ Sheldon, interview, March 1, 2020.

⁸⁰ *Ibid.*

⁸¹ *Ibid.*

⁸² *Ibid.*

⁸³ *Ibid.*

⁸⁴ *Ibid.*

⁸⁵ *Ibid.*

meeting, the nurses consult with the doctor on the best medical treatment for the patient, including medication changes and wound care.⁸⁶ The social workers and chaplains discuss psychological, social, and spiritual issues such as family tensions, financial needs, coping abilities, and grief issues.⁸⁷

Historically, the staff attended the IDT meeting in person, but COVID-19 restrictions now require the meeting to be held through virtual conferences.⁸⁸ With the delivery of the COVID-19 vaccine in December of 2020, the team slowly returned to in-person meetings with half the staff attending in person and the other half meeting virtually.⁸⁹ This allowed the compassion fatigue project to meet over May and June of 2021.⁹⁰ The influx of the Delta and Omicron COVID-19 variants required the team to return to virtual meetings.⁹¹

Athens-Clarke County

Forbes reports that Athens-Clarke County, located in the northeast Piedmont region of Georgia, has 211,300 residents.⁹² The University of Georgia calls Athens home which further adds 38,652 students to the population.⁹³ The median household income for Athens-Clarke

⁸⁶ Sheldon, interview, March 1, 2020.

⁸⁷ Ibid.

⁸⁸ Ibid.

⁸⁹ “CDC Issues First Set of Guidelines on How Fully Vaccinated People Can Visit Safely with Others,” *CDC Newsroom*, Centers for Disease Control and Prevention, March 8, 2021, accessed March 12, 2021, <https://www.cdc.gov/media/releases/2021/p0308-vaccinated-guidelines.html>.

⁹⁰ Sheldon, interview, March 1, 2020.

⁹¹ Ibid.

⁹² “Best Small Places for Business and Careers 2019,” *Forbes*, accessed August 29, 2020, <https://www.forbes.com/places/ga/athens/#2ffb520b1da5>.

⁹³ “UGA Student Population,” *UnivStats*, accessed August 28, 2020, <https://www.univstats.com/colleges/university-of-georgia/student-population/#:~:text=There%20are%2038%2C652%20students%20including%2029%2C611%20undergraduate%20and,distribution%20of%2016%2C451%20male%20and%2022%2C201%20female%20students.>

County is \$47,976, and the median home price is \$217,000.⁹⁴ Although it is a college town, only 39.7% of citizens have completed a college degree.⁹⁵

According to Forbes, the two primary industries in Athens are agriculture and, due to the university, tourism.⁹⁶ As a college town, Athens enjoys a vigorous nightlife partially owing to the 58 bars in the business district.⁹⁷ Athens serves as home to a busy music scene, with bands like R.E.M., Widespread Panic, and the B-52s getting their start here.⁹⁸

Athens hosts two hospitals: St. Mary's owned by Trinity Health and Piedmont Athens Regional which is owned by Piedmont Hospital in Atlanta.⁹⁹ At 359 beds, Piedmont Athens Regional is almost twice the size of St. Mary's.¹⁰⁰ A Google search reports six other hospice companies serving the Athens area: Kindred, Compassus, Bridgeway, Affinis, Regency Southcare, and Encompass.¹⁰¹ The COVID-19 pandemic stretched medical resources at health agencies across Clarke county.¹⁰² As of June 12, 2021, the Georgia Department of Health COVID-19 statistics for Clarke county reported 12,918 confirmed cases and 142 deaths since the pandemic began.¹⁰³

⁹⁴ "Athens, GA Real Estate Market," Realtor.com, accessed June 10, 2021, https://www.realtor.com/realestateandhomes-search/Athens_GA/overview.

⁹⁵ "Best Small Places for Business and Careers 2019," *Forbes*.

⁹⁶ Ibid.

⁹⁷ "Clubs and Bars," *The Spring 2021 Flagpole Guide to Athens*, accessed February 14, 2021, www.guide.flagpole.com/bars_clubs.

⁹⁸ Grace Elizabeth Hale, *Cool Town: How Athens, Georgia, Launched Alternative Music and Changed American Culture* (Chapel Hill: University of North Carolina Press, 2020), 3.

⁹⁹ "Hospital Serving Athens and Northeast Georgia," accessed August 28, 2020, <https://www.piedmont.org/locations/piedmont-athens/ContentPage.aspx?nd=7591>.

¹⁰⁰ "A System of Better Care," Piedmont Hospital, accessed August 16, 2021, <https://www.piedmont.org/about/piedmont-healthcare/quickfacts>.

¹⁰¹ "Hospice Companies in Athens, GA," Google, accessed August 28, 2020, <https://www.bing.com/search?q=hospice+companies+in+athens+ga&cvid=4aa8d4e2bd0043fe9b5dc0bf2ee6bd50&FORM=ANAB01&PC=HCTS>.

¹⁰² Sheldon, interview, March 1, 2020

¹⁰³ Georgia Department of Public Health, "Georgia Overall Covid-19 Status," accessed June 12, 2021, <https://ga-covid19.ondemand.sas.com>.

Problem Presented

The problem addressed is that staff serving with St. Mary's Hospice in Athens, GA seem to display compassion fatigue and burnout symptoms, including absenteeism, fatigue, isolation, and friction between staff.¹⁰⁴ Hospice work challenges staff in the best circumstances.¹⁰⁵ With the COVID-19 pandemic, budget cuts, and rising patient loads, staff increasingly report additional stressors in an already demanding medical field.¹⁰⁶ Commonly, the hospice staff have several new patient admissions in a week, matched with just as many deaths.¹⁰⁷ Because hospice provides palliative care to people at the end of life, hospice workers witness the physical suffering of their patients, as well as the emotional and spiritual symptoms of grief, depression, anxiety, and anger.¹⁰⁸ These symptoms provide enough challenges in a controlled environment like a hospital, but when the patient is at a private home, providing care can create even more stress.¹⁰⁹

Entering a patient's private home creates stress because the hospice worker cannot know what to expect.¹¹⁰ The NIOSH Hazard Review explains that every new environment may present a host of threats.¹¹¹ There could be angry family members or unfriendly pets present in

¹⁰⁴ Sheldon, interview, March 1, 2020.

¹⁰⁵ National Institute for Occupational Safety and Health, *Niosh Hazard Review: Occupational Hazards in Home Healthcare*, Publication No. 2010–125, 29, January 2010, accessed August 10, 2020, <https://www.cdc.gov/niosh/docs/2010-125/pdfs/2010-125.pdf>.

¹⁰⁶ Ibid.; Jason T. Hotchkiss, and Ruth Leshner, "Factors Predicting Burnout Among Chaplains: Compassion Satisfaction, Organizational Factors, and the Mediators of Mindful Self-Care and Secondary Traumatic Stress," *Journal of Pastoral Care and Counseling* 72, no. 2 (2018): 86, accessed January 5, 2021, DOI: 10.1177/1542305018780655.

¹⁰⁷ National Institute for Occupational Safety and Health, *Niosh Hazard Review*, 29; Hotchkiss, "Factors Predicting Burnout," 86.

¹⁰⁸ National Institute for Occupational Safety and Health, *Niosh Hazard Review*, 29.

¹⁰⁹ Ibid.

¹¹⁰ Ibid.; Hotchkiss, "Factors Predicting Burnout," 86.

¹¹¹ Hotchkiss, "Factors Predicting Burnout," 86.

the home.¹¹² Some homes can be unsanitary and pest-infested, while other settings may be structurally unsound or cluttered by years of hoarding.¹¹³

During the past year, COVID-19 has increased staff stressors due to both the fear of catching the disease and the limited availability of personal protective equipment (PPE).¹¹⁴ Physical risks from COVID-19 are not the only stressors as hospice staff report feeling isolated in the field, which leads to emotional and mental stressors.¹¹⁵ The worker must be prepared for literally anything, and this constant arousal combined with isolation in the field and the continual exertion of compassion can wear down the staff member.¹¹⁶

Faith Fitzgerald notes that most people in helping professions, such as nurses, social workers, and chaplains, are naturally compassionate people and see their vocation as a calling.¹¹⁷ The difficulty with feeling a calling is that sometimes the worker fails to care for the self as one struggles to serve the clients.¹¹⁸ It is easy for staff to ignore their own needs and even neglect themselves.¹¹⁹ When staff members continue to put out more physical and emotional energy than they receive, they are at much higher risk for burnout and compassion fatigue.¹²⁰ Both burnout and compassion fatigue are serious issues and can take a toll on the worker's health.¹²¹ Medical institutions with high levels of burnout and compassion fatigue in its workers may see a rise in malpractice claims and a decrease in patient satisfaction scores.¹²²

¹¹² Hotchkiss, "Factors Predicting Burnout," 86.

¹¹³ Fitzgerald, "Renewing the Spirit of Hospice," 3.

¹¹⁴ Tom Castles, "COVID-19: How a PPE Shortage Could Cripple the Healthcare System," *MDLinx* (April 10, 2020): 29 accessed January 10, 2021, <https://www.mdlinx.com/article/covid-19-how-a-ppe-shortage-could-cripple-the-healthcare-system/4zPN2rH1bzHQCOOrDuPPEin>.

¹¹⁵ *Ibid.*

¹¹⁶ Fitzgerald, "Renewing the Spirit of Hospice," 29-30.

¹¹⁷ *Ibid.*, 41.

¹¹⁸ *Ibid.*, 29.

¹¹⁹ *Ibid.*

¹²⁰ *Ibid.*; Ochburg, "Compassion Fatigue."

¹²¹ Fitzgerald, "Renewing the Spirit of Hospice," 29 ; Ochburg, "Compassion Fatigue."

¹²² Zhang, "Determinants of Compassion Satisfaction," 1.

Purpose Statement

The purpose of this DMIN action research project was to examine the effects that pastoral counseling interventions such as contemplative prayer make on hospice worker resiliency. The literature reveals many studies on compassion fatigue and the intervention of mindfulness.¹²³ Few studies, however, focus on Christian prayer as an intervention.¹²⁴ While still emerging, the literature suggests that faith and religious practice can be protective factors for medical staff against compassion fatigue.¹²⁵ This project intended to contribute to the scholarly conversation and to explore how the contemplative exercises of the Daily Examen prayer, ACTS prayer, prayer journaling, drawing prayer mandalas, Christian yoga, silent meditation, and Composition of Place can overlap to provide resiliency in hospice workers.¹²⁶

Basic Assumptions

This researcher began this project aware that she views the issues through both the Christian faith and the pastoral care lenses. Because of this stance, several assumptions formed the foundation of the project. The first assumption was that the hospice staff is experiencing or will soon experience compassion fatigue or burnout due to the growing hospice census and the COVID-19 crisis.¹²⁷ Secondly, compassion fatigue is caused by mental, emotional, physical, and spiritual stressors.¹²⁸ Mental stressors come from having to consider the myriad symptoms,

¹²³ Mark Newmeyer, Benjamin Keyes, Kamala Palmer, Vanessa Kent, Sara Spong, Faith Stephen, and Mary Troy, "Spirituality and Religion as Mitigating Factors in Compassion Fatigue Among Trauma Therapists in Romania," *Journal of Psychology and Theology* 44, no. 2 (Summer, 2016): 142.

¹²⁴ Fitzgerald, "Renewing the Spirit of Hospice," 4.

¹²⁵ Newmeyer, "Spirituality and Religion," 142.

¹²⁶ Vinita Hampton Wright, "Three Ways to Pray Ignatian," Loyola Press, accessed November 10, 2020, <https://www.ignatianspirituality.com/three-ways-to-pray-ignatian/>.

¹²⁷ Confidential Interview with a nurse, Athens, January 14, 2021.

¹²⁸ Ibid.

medications, and Medicare regulations.¹²⁹ Emotional stressors come from working with family members and patients who can be angry and combative.¹³⁰ Physical stressors are attributed to working long hours, taking on-call shifts after having already worked a 40-50-hour work week, and the physical strain of bending over or moving a patient.¹³¹

Moral injury normally connotes a soldier's exposure to killing and atrocities.¹³² Yet spiritual and moral distress are stressors that professional caregivers experience when a patient has symptoms that cannot be controlled with medications.¹³³ This inability to bring relief can give the nurse a sense of failure and guilt, a form of moral injury.¹³⁴

Litz describes moral injury as witnessing or participating in acts that run counter to one's moral code or personal expectations of themselves and adds that witnessing the "human carnage of war" furthers the emotional injury.¹³⁵ Extrapolate the idea of moral injury to a nurse who is trained to help and heal.¹³⁶ Faced with the carnage of cancer, untreatable bedsores, and dementia, a nurse's moral injury may lie in the inability to get the patient's symptoms under control.¹³⁷ Likewise professional caregivers may experience moral injury from witnessing their patients' emotional pain and not being able to improve their situation.¹³⁸

¹²⁹ Confidential Interview, January 14, 2021.

¹³⁰ National Institute for Occupational Safety and Health, *Niosh Hazard Review*, 29.

¹³¹ *Ibid.*

¹³² Nancy J. Ramsay, "Moral Injury as Loss and Grief with Attention to Ritual Resources for Care," *Pastoral Psychology* 68, no. 1 (February 2019): 108, accessed February 14, 2021, DOI:10.1007/s11089-018-0854-9.

¹³³ Steele, *Reducing Compassion Fatigue*, 57.

¹³⁴ *Ibid.*

¹³⁵ Brett T. Litz, Nathan Stein, Eileen Delaney, Leslie Lebowitz, William P. Nash, Caroline Silva, and Shira Maguen, "Moral Injury and Moral Repair in War Veterans: A Preliminary Model and Intervention Strategy," *Clinical Psychology Review* 29, no. 8 (2009): 700, accessed February 14, 2021, <https://doi.org/10.1016/j.cpr.2009.07.003>.

¹³⁶ Patricia S. Pendry, "Moral Distress: Recognizing it to Retain Nurses," *Nursing Economics* 25, no. 4 (July 2007): 218, accessed May 23, 2021, <https://www.proquest.com/docview/236937078/fulltextPDF/8D7440E9A49B4B99PQ/1?accountid=12085>.

¹³⁷ *Ibid.*

¹³⁸ *Ibid.*

Hospice agencies should share the burden of preventing or mitigating compassion fatigue in their staff members by providing on-campus interventions for them.¹³⁹ That responsibility means that management should allocate time each week to assisting the employees in self-care.¹⁴⁰ Chaplains strive to be available to patients, families, and staff, so it is only natural that chaplains should facilitate a self-care gathering with the team.¹⁴¹ Chaplains seek to find meaning in liminality, the gray, in-between spaces accompanying the dying process and can help staff navigate feelings of ambivalence surrounding death.¹⁴²

Lastly, this researcher believes that Christian pastoral care practices such as contemplative prayer techniques can impact hospice staff's resiliency and coping strategies.¹⁴³ Self-care should address the full range of the mental, emotional, physical, and spiritual aspects of compassion fatigue.¹⁴⁴

Definitions

ACTS Prayer Model—A prayer model based on the acrostic A.C.T.S. helps the person remember the crucial prayer elements: Adoration, Confession, Thanksgiving, and Supplication.¹⁴⁵ Adoration refers to praising God for who God is.¹⁴⁶ Confession involves

¹³⁹Anthony Butler, and Kathleen Duffy, "Understanding the Role of Chaplains in Supporting Patients and Healthcare Staff," *Nursing Standard* 34, no. 11 (October 2019): 46, accessed January 10, 2021, DOI:10.7748/ns.2019.e11282; Steele, *Reducing Compassion Fatigue*, 74.

¹⁴⁰ Butler, "Understanding the Role of Chaplains," 46; Steele, *Reducing Compassion Fatigue*, 74.

¹⁴¹ Butler, "Understanding the Role of Chaplains," 45.

¹⁴² Philip Browning Helsel, "Liminality in Death Care: The Grief-Work of Pastors," *Journal of Pastoral Care & Counseling* 63, no. 3–4 (September 2009): 1, accessed September 1, 2020, doi:10.1177/154230500906300306.

¹⁴³ Newberg, "Effect of a One-Week," 266.

¹⁴⁴ Steele, *Reducing Compassion Fatigue*, 74.

¹⁴⁵ Kathryn Shirey, "How to Pray with the ACTS Prayer Method," *Prayer and Possibilities*, December 2, 2018, accessed March 22, 2021, <https://www.prayerandpossibilities.com/acts-a-guide-to-pray-as-jesus-taught/>.

¹⁴⁶ Ibid.

asking for forgiveness for one's sins.¹⁴⁷ Thanksgiving shows one's gratitude to God for acting in one's life.¹⁴⁸ During supplication, the person can advocate for oneself or others.¹⁴⁹

Burnout—Burnout is the depletion of a worker's emotional and physical resources, which causes the worker to have increased absenteeism and health problems.¹⁵⁰ Burnout's four main symptoms are cynicism, emotional exhaustion, depersonalization, and loss of work satisfaction.¹⁵¹

Christian Yoga—The idea of Christian yoga originates from the book by the same title written by Father Jean Marie Déchanet and published in 1956.¹⁵² Like St. Ignatius' spiritual disciplines, Déchanet's practice quieted the distractions of life to worship God through meditation and contemplation.¹⁵³

Compassion Fatigue—Compassion fatigue describes the wearing down of healthcare workers' ability to cope with constant stress, intellectual demands, and continued outpouring of compassion to their patients.¹⁵⁴

Compassion Satisfaction—Compassion Satisfaction is the protective effect of seeing one's professional presence make a difference in people's lives, having one's professional talents appreciated, and nurturing oneself through rewarding relationships at work and home.¹⁵⁵

¹⁴⁷ Shirey, "How to Pray with the ACTS Prayer."

¹⁴⁸ Ibid.

¹⁴⁹ Ibid.

¹⁵⁰ Payne, "Occupational Stressors," 397.

¹⁵¹ Ibid.

¹⁵² "What is Christian Yoga?" Christian Yoga Association, accessed February 01, 2021, <https://christianyogaassociation.org/what-is-christian-yoga/>.

¹⁵³ Ibid.; Thomas G. Plante, "The 4 Ds: Using Ignatian Spirituality in Secular Psychotherapy and Beyond," *Spirituality in Clinical Practice*, no. 1 (2017): 75.

¹⁵⁴ Alkema, "A Study of the Relationship," 103.

¹⁵⁵ Patricia Potter, Sarah Pion, and J. Eric Gentry, "Compassion Fatigue Resiliency Training: The Experience of Facilitators," *The Journal of Continuing Education in Nursing* 46, no. 2 (February 2015): 84.

Composition of Place—Composition of Place employs the person's imagination to compose a scene from Scripture, such as the occasion in which Jesus calmed the storm.¹⁵⁶ The person imagines themselves in the background as one of the characters.¹⁵⁷ As the action takes place, the person will experience that Scripture passage in a new way.¹⁵⁸

Daily Examen—The Daily Examen is an Ignatian daily prayer that allows the person to review the day and her actions for the day.¹⁵⁹ This project will use a modified form of the Examen in which the participant reflects on thankfulness, confession, upcoming concerns, and awareness of God's agency during the day.¹⁶⁰

Drawn Prayer Mandala—Historically, the mandala is a Buddhist meditative process in which the priest meticulously applies colored sand in patterns to a flat foundation.¹⁶¹ Art therapists use mandalas as tools to help a person reflect on one's feelings or life story.¹⁶² During this DMIN project, the participants will create mandalas with crayons on paper while reflecting on their feelings and while in prayer about those emotions as they draw.

Ignatian Spirituality—Ignatian spirituality is based on the spiritual practices and writings of Saint Ignatius of Loyola, a Catholic priest who started the Jesuit order in the early 16th century.¹⁶³ This practice utilizes silence, discernment, and the Daily Examen to connect

¹⁵⁶ James Martin, *The Jesuit Guide to Almost Everything: A Spirituality for Real Life* (New York: Harper Collins, 2010), 145, 147.

¹⁵⁷ Ibid.

¹⁵⁸ Ibid.

¹⁵⁹ Timothy M. Gallagher, *Examen Prayer: Ignatian Wisdom for Our Lives Today* (New York: The Crossroad Publishing Company, 2006), 42.

¹⁶⁰ Ibid.

¹⁶¹ Cathy A. Malchiodi, *Handbook of Art Therapy*, 2nd ed. (New York: Guilford Publications, 2011), 405-406.

¹⁶² Ibid.

¹⁶³ José García de Castro Valdés, "El Dios Silencioso En Un Mundo Locuaz. El Silencio En La Espiritualidad Ignaciana," *Theologica Xaveriana* 66, no. 181 (June 2016): 179, accessed November 5, 2020, <http://ezproxy.liberty.edu/login?url=https%3A%2F%2Fwww.proquest.com%2Fdocview%2F2047376390%3Faccountid%3D12085>.

one with God and to experience God's peace.¹⁶⁴ St. Ignatius used contemplative methods to connect with God and block out the world's distractions.¹⁶⁵ There are two hallmarks of Ignatian spirituality: detachment and imagination.¹⁶⁶ Detachment involves pulling oneself away from the noise of life to be silent and truly present with God.¹⁶⁷ Ignatius reasoned that if one could experience God through the intellect when reading Scripture or discussing theology, then one could also experience God through the imagination.¹⁶⁸ Prayer is an integral part of Ignatian spirituality and includes Composition of Place, conversational prayer, and the Daily Examen.¹⁶⁹

Interdisciplinary Team Meeting (IDT)—The interdisciplinary meeting takes place every week and includes all the disciplines on the hospice team: a doctor, nurses, administration, a volunteer manager, social workers, and chaplains.¹⁷⁰ Not merely a staff meeting, Medicare regulations require hospices to implement the IDT meeting as a time for all the disciplines to discuss the patient's symptoms and changes in the patient's care plan.¹⁷¹

Liminality—A sociological and anthropological term that describes the in-between status of a person undergoing a process of change.¹⁷² Examples might include a teenager becoming an adult or a person transitioning from life into death.¹⁷³

¹⁶⁴ Martin, *The Jesuit Guide*, 162-163.

¹⁶⁵ García de Castro Valdés, "El Silencioso En Un Mundo Locuaz," 179.

¹⁶⁶ Martin, *The Jesuit Guide*, 145.

¹⁶⁷ Plante, "The 4 Ds," 75.

¹⁶⁸ Martin, *The Jesuit Guide*, 145.

¹⁶⁹ Wright, "Three Ways to Pray Ignatian."

¹⁷⁰ Sheldon, interview, March 1, 2020.

¹⁷¹ Lori McLean, interview by author, Athens, August 27, 2020.

¹⁷² Helsel, "Liminality in Death," 1.

¹⁷³ Harry Wels, Kees van der Waal, Andrew Spiegel, and Frans Kamsteeg, "Victor Turner and Liminality: An Introduction," *Anthropology Southern Africa* 34, no. 1-2, (2011): 1, accessed December 1, 2020, DOI: 10.1080/23323256.2011.11500002.

Moral Injury—The psychological and spiritual effects on a person when actions or lack of effort result in injury to another person and violate the actor’s ethical and moral beliefs.¹⁷⁴

Hospice workers may experience moral injury when a patient’s death does not match the worker’s training to heal or when they cannot control distressing symptoms.¹⁷⁵

Pastoral Care—Providing an empathetic, non-judgmental presence to accompany a person through difficult life situations, utilizing the patient’s faith perspective to find meaning.¹⁷⁶

Prayer—Prayer might be defined simply as talking to God, but another aspect of prayer is being in the presence of God and listening to God.¹⁷⁷

Prayer Journaling—Journaling is a therapeutic tool used by counselors to help a person work through emotions and the day's events to find clarity.¹⁷⁸ Prayer journaling enables the writer to organize one’s thoughts and adds prayer to the reflection process.¹⁷⁹ Each written reflection seeks God’s wisdom and guidance in life.¹⁸⁰

Resiliency—Resiliency describes the way a person endures through adversity and remains a healthy person.¹⁸¹

¹⁷⁴ Stella E. Hines, Katherine H. Chin, Andrea R. Levine, and Emerson M. Wickwire, “Initiation of a Survey of Healthcare Worker Distress and Moral Injury at the Onset of the COVID-19 Surge,” *American Journal of Industrial Medicine* 63, no. 9 (September 2020): 830, <https://doi-org.ezproxy.liberty.edu/10.1002/ajim.23157>.

¹⁷⁵ Ibid.

¹⁷⁶ Patricia Ricci-Allegra, “Spiritual Perspective, Mindfulness, and Spiritual Care Practice of Hospice and Palliative Nurses,” *Journal of hospice and palliative nursing : JHPN* 20, no. 2 (April 2018): 172, accessed May 1, 2021, DOI:10.1097/NJH.0000000000000426.

¹⁷⁷ Michael Plekon, *Uncommon Prayer: Prayer in Everyday Experience* (Notre Dame IN: University of Notre Dame Press, 2016), 5, 7, accessed September 6, 2020, ProQuest Ebook Central.

¹⁷⁸ Darcy Copeland, “Brief Workplace Interventions Addressing Burnout, Compassion Fatigue, and Teamwork: A Pilot Study,” *Western Journal of Nursing Research* 43, no. 2 (February 2021): 133, accessed April 3, 2021, <https://doi.org/10.1177/0193945920938048>.

¹⁷⁹ Debbie Przybylski, “How to Start a Prayer Journal,” Crosswalk.com, accessed February 10, 2021, <https://www.crosswalk.com/faith/prayer/how-to-start-a-prayer-journal.html>

¹⁸⁰ Ibid.

¹⁸¹ Thomas M. Skovholt, and Michelle Trotter-Mathison, *The Resilient Practitioner: Burnout and Compassion Fatigue Prevention and Self-Care Strategies for the Helping Professions* (London: Taylor & Francis Group, 2016), 125-126.

Silent Meditation—Silent meditation allows the person to detach from one’s surroundings and connect with the Holy Spirit in silence.¹⁸² Silence allows the person to hear God’s voice uniquely.¹⁸³

Limitations

Limitations placed on the project included the budget of \$800, the sample size, and the time allocated by management to provide care interventions to the staff. The sample size was limited to the employees that agreed to participate. Of the thirty hospice employees, ten chose to participate.¹⁸⁴ The administration allotted one hour a week for the spiritual care sessions and the project lasted eight weeks.¹⁸⁵

Delimitations

The project focused solely on the hospice staff because they expressed an interest in combating compassion fatigue.

Thesis Statement

This project suggests that by implementing pastoral counseling interventions with the staff at St. Mary’s Hospice, workers will experience decreased risk indicators for compassion fatigue. Utilizing Ignatian contemplative prayer, guided imagery, prayer journaling, prayer mandalas, and other interventions, the team will demonstrate improvement in compassion fatigue assessment scores.

¹⁸² Martin, *The Jesuit Guide*, 141.

¹⁸³ Ibid.

¹⁸⁴ Sheldon, Planning Meeting, Athens, April 8, 2021.

¹⁸⁵ Ibid.

Chapter 2

Conceptual Framework

The literature review reveals many articles and books about compassion fatigue, burnout, and general advice for self-care in hospital staff. Yet, as Fitzgerald notes, there are few studies on compassion fatigue in hospice staff.¹⁸⁶ The key to combating compassion fatigue depends on building resiliency and compassion satisfaction in healthcare workers.¹⁸⁷ Resiliency describes a person's ability to endure stress and hardship while maintaining a positive out-look and healthy mental state and consists of three components: self-care, self-reflection, and self-compassion.¹⁸⁸ Compassion satisfaction refers to the satisfaction one receives from seeing positive results from one's work and feeling valued as a professional.¹⁸⁹ Researchers are beginning to explore the protective factor that spirituality contributes to resiliency and compassion satisfaction.¹⁹⁰

Research literature documents that medical institutions do not facilitate self-care in the workplace because of the perceived expense and because healthcare companies assume that the responsibility for self-care belongs to the employee.¹⁹¹ This paper joins the other researcher voices that both assumptions are false.¹⁹² Corporations share the responsibility for facilitating self-care interventions just as they would provide personal protective equipment and providing support can be provided with resources already available.¹⁹³ Medical organizations that employ

¹⁸⁶ Fitzgerald, "Renewing the Spirit of Hospice," 3.

¹⁸⁷ Copeland, "Brief Workplace Interventions," 130.

¹⁸⁸ Steele, *Reducing Compassion Fatigue*, xvii, 4, 109.

¹⁸⁹ Zhang, "Determinants of Compassion Satisfaction," 1.

¹⁹⁰ Newmeyer, "Spirituality and Religion," 142.

¹⁹¹ Fitzgerald, "Renewing the Spirit of Hospice," 4.

¹⁹² Ibid.; Chelsia Harris, and Mary T. Quinn Griffin, "Nursing on Empty," *Journal of Christian Nursing: A Quarterly Publication of Nurses Christian Fellowship*, 32, no. 2 (2015): 84, 87, accessed May 3, 2020, DOI: 10.1097/CNJ.0000000000000155.

¹⁹³ Fitzgerald, "Renewing the Spirit of Hospice," 4.

chaplains already have the resources to provide support to staff.¹⁹⁴ Research shows that providing self-care support for employees pays the company back through employee retention, fewer absences, and higher productivity.¹⁹⁵

This paper focuses on the phenomenon of compassion fatigue and burnout, the unique stressors that hospice staff experience, corporate responsibility, and the protective factor of resiliency. Finally, the paper will discuss how Christian contemplative interventions contribute to overall resiliency and compassion satisfaction.

Literature Review

Burnout and Compassion Fatigue

Call it by any name, compassion fatigue, burnout, emotional exhaustion, or secondary post-traumatic stress syndrome, the phenomenon of medical and social services professionals exhibiting stress and disease symptoms is an international problem.¹⁹⁶ Symptoms can include physical tiredness, depression, feeling a lack of empowerment, increased absenteeism, diabetes, lack of empathy for others, insomnia, intrusive thoughts, hypertension, heightened startle response, decreased job satisfaction, and irritable bowel.¹⁹⁷ Pembroke explains that the deeper issue in compassion fatigue is the way it affects the worker, the patient, and the medical system at large.¹⁹⁸

¹⁹⁴ Fitzgerald, "Renewing the Spirit of Hospice," 4.

¹⁹⁵ Zhang, "Determinants of Compassion Satisfaction," 6; Russell E. Hilliard, "The Effect of Music Therapy Sessions on Compassion Fatigue and Team Building of Professional Hospice Caregivers," *The Arts in Psychotherapy* 33, no. 5 (2006): 395, accessed December 2, 2021, <https://doi.org/10.1016/j.aip.2006.06.002>.

¹⁹⁶ Heath, "Resilience Strategies to Manage," 1364, 1365.

¹⁹⁷ Thomas V. Frederick, Dunbar, Scott & Thai, Yvonne, "Burnout in Christian Perspective," *Pastoral Psychology* 67 (2018): 268; Zhang, "Determinants of Compassion Satisfaction," 1.

¹⁹⁸ Neil Pembroke, "Contributions from Christian Ethics and Buddhist Philosophy to the Management of Compassion Fatigue in Nurses," *Nursing & Health Sciences* 18, no. 1 (2016): 121, accessed May 30, 2020, <https://onlinelibrary-wiley.com.ezproxy.liberty.edu/doi/epdf/10.1111/nhs.12252>.

Compassion Fatigue

When staff members experience multiple stressors for extended periods without sufficient support or intervention, they can experience compassion fatigue.¹⁹⁹ First studied and described by Joinson in 1992, and Figley in 1995, compassion fatigue is an emotional and physical exhaustion that develops from a constant expenditure of emotions and compassion in response to prolonged suffering.²⁰⁰ Compassion fatigue does not happen overnight but gradually evolves over time.²⁰¹

Compassion Fatigue as Normal Response

Harris and Thompson point out that most literature regards compassion fatigue as a pathological response, but Harris and Thompson consider it to be a normal response to an influx of stressful, emotional experiences and a streaming output of compassion and emotional energy.²⁰² Harris advocates for the normalization of compassion fatigue through workplace acknowledgment and training.²⁰³ She writes that addressing compassion fatigue during staff meetings and providing debriefing sessions for staff can decrease the harmful effects of stress and emotional output.²⁰⁴ Thompson observes that compassion fatigue has a spiritual element as workers may see shifts in their faith beliefs due to their work experiences.²⁰⁵ However, the

¹⁹⁹ Alkema, "A Study of the Relationship," 143.

²⁰⁰ Zajac, "Confronting Compassion Fatigue," 446; Martin C. Delaney, "Caring for the Caregivers: Evaluation of the Effect of an Eight-Week Pilot Mindful Self-Compassion Training Program on Nurses' Compassion Fatigue and Resilience," *PLoS ONE* 13, no. 11 (2018): 6-7, accessed May 14, 2020, doi.org/10.1371/journal.pone.0207261.

²⁰¹ Pembroke, "Contributions from Christian Ethics," 120-121.

²⁰² Harris, "Nursing on Empty," 84; Gretchen Thompson, "Pilot Study: Exploring the Relationship Between Faith Development and Compassion Fatigue in Hospice Practitioners," *Chaplaincy Today* 23, no. 2 (July 2007): 26.

²⁰³ Harris, "Nursing on Empty," 84.

²⁰⁴ Ibid.

²⁰⁵ Thompson, "Pilot Study," 26.

shifts in faith may actually be positive as compassion fatigue evolves into spiritual acceptance and resilience.²⁰⁶

Burnout

Burnout impacts a person's physical and mental health, causing increased sick days and decreased productivity.²⁰⁷ When staff perceives that the job's physical and emotional requirements exceed their resources and abilities, they are susceptible to burnout.²⁰⁸ According to Maslach, key components of burnout are emotional and physical exhaustion, dehumanization of self and others, and lack of satisfaction in professional accomplishments.²⁰⁹ Barnard explains burnout as "...a decline in energy, motivation, and commitment" that a worker experiences when one's dedication and expectations for accomplishments do not match outcomes even though one worked diligently.²¹⁰ Hill describes the effects of burnout as "...cynicism, exhaustion and inefficacy and has been conceived as an erosion of wellbeing."²¹¹

Many of these symptoms correlate with post-traumatic stress syndrome traits, and now researchers such as Bride are documenting that clinicians who attend to trauma victims and hear the stories repeatedly can suffer dysfunction along with the original victim.²¹² Newmeyer agrees that a person can have a trauma response without having direct exposure to the

²⁰⁶ Thompson, "Pilot Study," 27.

²⁰⁷ Payne, "Occupational Stressors," 397.

²⁰⁸ Potter, "Compassion Fatigue Resiliency Training," 83.

²⁰⁹ Alkema, "A Study of the Relationship," 103; Payne, "Occupational Stressors," 397.

²¹⁰ Laura K. Barnard, and John F. Curry, "The Relationship of Clergy Burnout to Self-Compassion and Other Personality Dimensions," *Pastoral Psychology* 61, no. 2 (April 2012): 149, accessed June 20, 2020, DOI 10.1007/s11089-011-0377-0.

²¹¹ Rebecca C. Hill, Martin Dempster, Michael Donnelly, and Noleen K. McCorry, "Improving the Wellbeing of Staff Who Work in Palliative Care Settings: A Systematic Review of Psycho-Social Interventions," *Palliative Care* 30, no. 9 (2016): 826, accessed February 5, 2021, DOI: 10.1177/0269216316637237.

²¹² Brian E. Bride, Melissa Radey, and Charles R. Figley, "Measuring Compassion Fatigue," *Clinical Social Work Journal* 35 (2007): 155-156, accessed January 6, 2021, DOI:10.1007/s10615-007-0091-7.

traumatic event, as many therapists exhibit symptoms of compassion fatigue from hearing their clients' stories repeatedly.²¹³ The cumulative nature of secondary traumatic exposure can be as severe as primary exposure because it is chronic and ongoing.²¹⁴ Hospice workers are exposed to their patients' stories and at times those stories include abuse, sexual assault, and addiction.²¹⁵ Interestingly, Kiley and Delaney agree that compassion fatigue and burnout are not limited to frontline health care staff but can affect administration and office staff as well.²¹⁶ Administration and back-office staff can be exposed to trauma when dealing with incident reports, providing employee supervision, or entering patient information into the computer.²¹⁷ The cumulative exposure to the secondary traumatic information can affect the office staff.²¹⁸

Stressors in Hospice Work

Emotional Stressors

Hospice professionals experience unique stressors in their daily duties due to the nature of their work.²¹⁹ Hospice workers train to help and improve patients' health outcomes.²²⁰ However, hospice cares for people at the end of life so positive outcomes rarely occur.²²¹ Hill explains that frequently staff members must deliver a disturbing prognosis and endure the

²¹³ Newmeyer, "Spirituality and Religion," 142.

²¹⁴ Ibid.

²¹⁵ Confidential interview with a nurse, Athens, GA, January 14, 2021.

²¹⁶ Kimberly A. Kiley, Ashwini R. Sehgal, Susan Neth, Jacqueline Dolata, Earl Pike, James C. Spilsbury, and Jeffrey M. Albert, "The Effectiveness of Guided Imagery in Treating Compassion Fatigue and Anxiety of Mental Health Workers," *Social Work Research* 42, no. 1 (2018): 35, accessed November 8, 2021, DOI: 10.1093/swr/svx026; Delaney, "Caring for the Caregivers," 2.

²¹⁷ Delaney, "Caring for Caregivers," 2; Kiley, "The Effectiveness of Guided Imagery," 35.

²¹⁸ Ibid.

²¹⁹ National Institute for Occupational Safety and Health, 29.

²²⁰ Sheldon, Interview, March 1, 2020.

²²¹ Ibid.

general feeling of failure when patients die, even though hospice patients only have a six month prognosis at admission to the hospice program.²²² Wendleton explains the high stakes of end-of-life care, “For the dying person, the work is often about exploring the meaning of one’s life, preparing for the demise of one’s body, and then depending on belief, coming to terms with the transition or annihilation of the spirit.”²²³ Hospice professionals feel the weight of that responsibility as they are constantly confronted with the mortality of others and themselves.²²⁴ Alkema adds that hospice staff members bear witness to pain, illness, suffering, death, grief, intense emotions, and recollections of trauma by families.²²⁵ Houck writes that an enormous risk for hospice workers evolves from grief, noting that grief and compassion fatigue can go hand in hand.²²⁶ Hilliard explains that witnessing a family’s emotional reactions and grief can strike close to home for the staff member and dredge up personal emotions.²²⁷

The pressure of cumulative grief builds up until it manifests through pathological responses.²²⁸ Hospice workers face grief regularly as patients die, and this onslaught of suffering and death can complicate their ability to cope.²²⁹ Ghesquiere examines grief in hospice home health aides and notes that when patients die, the staff members immediately

²²² Hill, “Improving the Wellbeing of Staff,” 826.

²²³ David H. Wendleton, Therese Johnson, and Renee S. Katz, “Caregiving of the Soul: Spirituality at the End of Life,” in *When Professionals Weep: Emotional and Countertransference Responses in End-of-Life Care*, ed. Renee S. Katz, and Therese A. Johnson (New York: Routledge, 2006), 27.

²²⁴ Alkema, “A Study of the Relationship,” 102.

²²⁵ Ibid.

²²⁶ Houck, “Helping Nurses Cope with Grief,” 455.

²²⁷ Hilliard, “The Effect of Music Therapy,” 396.

²²⁸ Houck, “Helping Nurses Cope,” 455.

²²⁹ Ibid.

receive new patients to fill the appointments left open by the death.²³⁰ Working at such a pace leaves no time for staff to process their feelings and grief over the death.²³¹

Environmental Stressors

Hospice work involves other stressors in addition to the emotional stressors.²³²

Working in private home environments outside of the hospital adds a complicating factor as the staff encounters various sanitary conditions and risk factors such as pets.²³³ Alkema and Payne agree that these factors contribute to the stress placed on hospice workers in which a staff member's coping skills and ability to adapt may not be sufficient to deal with the stimuli.²³⁴

Budget Measures

Payne notes that workload and staffing issues add to the psychological stressors of showing compassion to families in emotional turmoil while carrying a heavy patient load.²³⁵ Drury's research shows that budget strategies, such as long shifts and productivity quotas, caused additional stress to staff.²³⁶ Hotchkiss adds that this combination of stressors and the ongoing cost-saving measures in the healthcare system that limit resources such as supplies,

²³⁰ Angela Ghesquiere, and Ariunsanaa Bagaajav, "We Take Care of People; What Happens to Us Afterwards?: Home Health Aides and Bereavement Care in Hospice," *OMEGA-Journal of Death and Dying* 80, no. 4 (March 2020): 619, accessed December 11, 2021, <https://doi.org/10.1177/0030222818754668>.

²³¹ *Ibid.*, 621.

²³² National Institute for Occupational Safety and Health, 33.

²³³ *Ibid.*

²³⁴ Alkema, "A Study of the Relationship," 102; Payne, "Occupational Stressors," 396.

²³⁵ Payne, "Occupational Stressors," 397; National Institute for Occupational Safety and Health, 29.

²³⁶ Vicki Drury, "Compassion Satisfaction, Compassion Fatigue, Anxiety, Depression and Stress in Registered Nurses in Australia: Phase 2 Results," *Journal of Nursing Management*, no. 22 (2014): 525, accessed June 12, 2020, <https://doi-org.ezproxy.liberty.edu/10.1111/jonm.12168>.

medical equipment, and medications can cause staff to feel discouraged and hopeless at their inability to bring healing to the patients.²³⁷

Countertransference

While many stressors originate from the environment, Katz explains that one stressor, countertransference, is not as obvious and has its locus in the worker.²³⁸ Countertransference involves any of the emotions that the caregiver has while caring for a patient.²³⁹

Countertransference allows the professional to empathize with the patient and has a valuable place in the caregiving relationship.²⁴⁰ However, countertransference can create problems as the professional walks the line between empathy, compassion, and detachment in the relationship with a terminal patient.²⁴¹

Wendleton further complicates the tension of countertransference, observing that the caregiver may have a desire to be needed.²⁴² When a caregiver is unaware of his own self-worth needs, the caring relationship can become more about the professional and less about the client.²⁴³ This dynamic can take the form of being overly involved with a client or lowering personal boundaries to make oneself invaluable.²⁴⁴ This type of countertransference can mimic dedication and altruism, but, over time, shifts the balance of responsibility from the caregiver

²³⁷ Jason T. Hotchkiss, "Factors Predicting Burnout," *Journal of Pastoral Care and Counseling* 72, no. 2 (2018): 86, 89.

²³⁸ Renee S. Katz, "When Our Personal Selves Influence Our Professional Work: An Introduction to Emotions and Countertransference in End-of-Life Care," in *When Professionals Weep: Emotional and Countertransference Responses in End-of-Life Care*, ed. Renee S. Katz, and Therese A. Johnson, 4-5, (New York: Routledge), 2006.

²³⁹ Ibid.

²⁴⁰ Ibid.

²⁴¹ Ibid.

²⁴² Wendleton, "Caregiving of the Soul," 31.

²⁴³ Ibid.

²⁴⁴ Ibid.

to the client.²⁴⁵ Lastly, Wendleton acknowledges the stress of high expectations that the professional places on himself to ease the patient's physical or emotional pain.²⁴⁶

Countertransference and self-expectations can be managed through appropriate self-reflection and debriefing.²⁴⁷

Assessing Compassion Fatigue

Researchers have developed several questionnaire tools to assess a person's level of coping and fatigue.²⁴⁸ These assessments allow the caregivers to answer questions with a rating scale.²⁴⁹ Different assessments evaluate coping in distinct areas such as compassion satisfaction, self-care, spirituality, burnout, stress, job satisfaction, feeling like one's skills are utilized and appreciated, resentment toward the job, work-life balance, supportive relationships, one's inner dialog, and transcendence.²⁵⁰ Below are some of the assessments available.

- The Professional Quality of Life (ProQOL) scale²⁵¹
- The Self-Compassion Scale by Kristen Neff²⁵²
- Sheldon Cohen's Perceived Stress Scale²⁵³
- David King's Spiritual Intelligence Self-Report Inventory²⁵⁴

²⁴⁵ Wendleton, "Caregiving of the Soul," 31.

²⁴⁶ Ibid., 28.

²⁴⁷ Ibid., 32-33.

²⁴⁸ Steele, *Reducing Compassion Fatigue*, 74-75.

²⁴⁹ Ibid.

²⁵⁰ Ibid.

²⁵¹ Barnard, "The Relationship of Clergy Burnout," 150; Zajac, "Confronting Compassion Fatigue," 449.

²⁵² Steele, *Reducing Compassion Fatigue*, 120.

²⁵³ Ibid., 111.

²⁵⁴ Ibid., 120.

- The Compassion Fatigue Self-Test (CFST) ²⁵⁵
- The Maslach Burnout Inventory (MBI) ²⁵⁶
- The Warwick-Edinburgh Mental Well-being Scale (WEMWBS) ²⁵⁷
- The Mindful Self-Care Scale (MSCS) ²⁵⁸

Other available assessments include: The Spiritual Perspective Scale, the Mindful Attention Awareness Scale, the Nurse Spiritual Care Therapeutics Scale, the Spiritual Well-Being Scale, the Spiritual Needs Scale, the Leadership Practice Inventory, and the Self-Efficacy Scale. ²⁵⁹

Resiliency and Compassion Satisfaction as Protective Factor

The literature discusses protective factors that support wellbeing and combat compassion fatigue, generally referred to as resiliency.²⁶⁰ Resiliency, in its most simplistic sense, is the “ability to bounce back.”²⁶¹ Heath describes resiliency as the continuation of normal functioning under stress or during a troublesome situation.²⁶² Resiliency is not a “static trait” but an attribute that develops with experience.²⁶³ Resilient people think positively, solve

²⁵⁵ Bride, “Measuring Compassion Fatigue,” 156; Steele, *Reducing Compassion Fatigue*, 116.

²⁵⁶ Steele, *Reducing Compassion Fatigue*, 114.

²⁵⁷ Gordon MacDonald, “The Efficacy of Primary Care Chaplaincy Compared with Antidepressants: A Retrospective Study Comparing Chaplaincy with Antidepressants,” *Primary Health Care Research and Development* 18 (2017): 357.

²⁵⁸ Hotchkiss, “Factors Predicting Burnout,” 87.

²⁵⁹ Ricci-Allegra, “Spiritual Perspective,” 173; Jinsun Julianna Yong, Junyang John Park, Yonggyu Park, Hun Lee, Gyungjoo Lee, and Sunyoung Rim, “Effects of Holy Name Meditation on the Quality of Life of Hospital Middle Manager Nurses in Korea: A 6-Month Follow-Up,” *The Journal of Continuing Education in Nursing* 51, no. 5 (2020): 216, accessed May 5, 2021, DOI:10.3928/00220124-20200415-06.

²⁶⁰ Steele, *Reducing Compassion Fatigue*, xvii.

²⁶¹ Skovholt, *The Resilient Practitioner*, 125.

²⁶² Heath, “Resilience Strategies,” 1365.

²⁶³ Skovholt, *The Resilient Practitioner*, 126.

problems creatively, build strong relationships, and display gratitude in life.²⁶⁴ Resiliency includes self-care, self-reflection, and self-compassion.²⁶⁵

Compassion satisfaction is the accomplishment professionals feel at serving others and comes from sensing a higher purpose to one's work.²⁶⁶ Compassion satisfaction explains the emotional value of caring for others and seeing the benefits of one's work played out in the client's life.²⁶⁷ Skovholt explains that simple acts such as enjoying small accomplishments with patients, developing one's skills, and cultivating a peer network contribute to compassion satisfaction.²⁶⁸

Self-Care

Self-care describes a range of activities that a person can do to nurture oneself and contribute to overall health.²⁶⁹ Newmeyer describes self-care as, keeping professional boundaries, educating oneself on compassion fatigue, nurturing one's soul, remaining flexible, and building one's faith.²⁷⁰ Heath adds that exercise, good sleep habits, mindfulness, good nutrition, and yoga provide healthful benefits.²⁷¹ Gillespie agrees that both mindfulness and spirituality contribute resiliency.²⁷²

²⁶⁴ Skovholt, *The Resilient Practitioner*, 126.

²⁶⁵ Ibid., 127-128; Steele, *Reducing Compassion Fatigue*, 109.

²⁶⁶ Frederick, "Burnout," 270.

²⁶⁷ Suzanne Slocum-Gori, David Hemsworth, Winnie W. Y. Chan, Anna Carson, and Arminee Kazanjian, "Understanding Compassion Satisfaction, Compassion Fatigue and Burnout: A Survey of the Hospice Palliative Care Workforce," *Palliative Medicine* 27, no. 2 (February 2013): 173, accessed May 5, 2021, DOI: 10.1177/0269216311431311.

²⁶⁸ Skovholt, *The Resilient Practitioner*, 135.

²⁶⁹ Alkema, "A Study of the Relationship," 105.

²⁷⁰ Newmeyer, "Spirituality and Religion," 142.

²⁷¹ Heath, "Resilience Strategies," 1366.

²⁷² Steven Davis Gillespie, "Spirituality, Mindfulness, Self-Compassion, and Religiosity as Predictors of Compassion Fatigue and Compassion Satisfaction in Therapists," (PhD diss., Trevecca Nazarene University, 2014), 5, accessed August 10, 2020, <https://www.proquest.com/docview/1862197239/616160DA5CE94872PQ/6?accountid=12085>.

Self-Reflection

Self-reflection allows a person to do a diagnostic assessment on all of one's systems, emotional, physical, spiritual, and social.²⁷³ This process allows the person to sort through issues that are rising to the surface or ruminations running in the back of one's mind.²⁷⁴ Steele discusses how a lack of self-reflection means that a person remains stuck in mental and emotional patterns that he describes as a "treadmill."²⁷⁵ Self-reflection is closely related to mindfulness and self-compassion in that it allows the examination of feelings and motives without pushing them aside.²⁷⁶

Self-Compassion

Self-compassion derives from the Buddhist Insight tradition and mindfulness practice.²⁷⁷ Elements of self-compassion include being kind, gracious, and gentle to oneself, feeling connected to the human condition, and mindfulness.²⁷⁸ The basic idea underlying self-compassion is to be as kind to oneself as one would be to others.²⁷⁹ For instance, a person when faced with a personal failure, might mentally say harsh things to oneself.²⁸⁰ People say horrible things to themselves that they would never say to another person.²⁸¹ Understanding oneself as part of flawed humanity, helps reduce isolation and allows the person to accept

²⁷³ Skovholt, *The Resilient Practitioner*, 128.

²⁷⁴ Ibid.

²⁷⁵ Steele, *Reducing Compassion Fatigue*, xvii.

²⁷⁶ Ibid., 133-134.

²⁷⁷ Kristen D. Neff, and Roos Vonk, "Self-Compassion Versus Global Self-Esteem: Two Different Ways of Relating to Oneself," *Journal of Personality* 77, no. 1 (2009): 25, accessed January 1, 2021, DOI: 10.1111/j.1467-6494.2008.00537.x.

²⁷⁸ Neff, "Self-Compassion Versus Global Self-Esteem," 25.

²⁷⁹ Ibid., 26.

²⁸⁰ Kristen Neff, "The Three Components of Self-Compassion," YouTube video, October 16, 2014, accessed January 10, 2021, https://www.YouTube.com/watch?v=11U0h0DPu7k&list=PL_MJ6w51GvAyCdC8CcClKSmxZ7DwwMkbj&index=15.

²⁸¹ Ibid.

one's mistakes.²⁸² Mindfulness helps a person remain in the moment without assigning negative judgement to one's feelings or personhood.²⁸³

Mindfulness

Mindfulness is a common theme in the literature, and Potter and Hotchkiss refer to mindfulness as being self-aware of one's anxiety or tension when caregiving.²⁸⁴ If a person can be aware of thoughts and feelings, then one can address these internal tensions and stop the nervous system response to stress.²⁸⁵ The complimentary partner to mindfulness, self-regulation allows the person to acknowledge emotional discomfort then let it go.²⁸⁶ Frederick discusses mindfulness as the practice of focusing on the immediate situation without judgment.²⁸⁷ The person uses slow, controlled breathing to calm oneself and focus on the current moment, their thoughts, and their feelings.²⁸⁸ As the person becomes aware of one's suffering at that moment, one can sit in compassionate solidarity with the patient.²⁸⁹ Hotchkiss sees mindfulness as a way to manage one's self while providing compassionate care for the patient.²⁹⁰ He describes mindfulness as the "ability to peacefully inhabit one's body, maintain good boundaries, and be fully present" while interacting with a patient.²⁹¹

²⁸² Neff, "Self-Compassion Versus Global Self-Esteem," 26.

²⁸³ Ibid.

²⁸⁴ Potter, "Compassion Fatigue," 84; Hotchkiss, "Factors Predicting Burnout," 89.

²⁸⁵ Ibid.

²⁸⁶ Ibid.

²⁸⁷ Frederick, "Burnout," 272; Drury, "Compassion Satisfaction," 528.

²⁸⁸ Frederick, "Burnout," 272.

²⁸⁹ Ibid.

²⁹⁰ Hotchkiss, "Factors Predicting Burnout," 89.

²⁹¹ Ibid.

Other Buddhist practices may also be helpful.²⁹² Related to mindfulness, Pembroke prefers the Buddhist principle of calm compassion in which the caregiver accompanies the patient through his pain while remaining emotionally neutral.²⁹³ A study by Walton and Alvarez reported positive results as participants engaged in a Buddhist cleansing ceremony utilizing oils, music, and singing bowls to release fatigue.²⁹⁴ Pembroke interprets the singing bowl ritual as being a time to receive forgiveness and cleansing from God.²⁹⁵

Judeo-Christian Spirituality as a Protective Factor

Gaining ground in the study of compassion fatigue is the role that spirituality and religious practice can play in combating burnout.²⁹⁶ While still early, research shows that faith practices may provide a protective factor for trauma therapists against compassion fatigue and may contribute to compassion satisfaction.²⁹⁷ From the Judeo-Christian perspective, serving others has a transcendent quality, as one's work is not just about earning a paycheck but is also about serving the Creator.²⁹⁸ Newmeyer says that researchers believe that faith practice may provide means of professional coping by providing the worker with a supportive network in the congregation, transcendent meaning and purpose in the professional's calling, and a higher locus of control in the Divine.²⁹⁹

Spirituality is a protective factor not explored in many studies, but Newmeyer reports that higher scores on the Daily Spiritual Experience Scale (DSES) may indicate a lower risk for

²⁹² Pembroke, "Contributions," 121-122.

²⁹³ Ibid.

²⁹⁴ Ibid.

²⁹⁵ Ibid.

²⁹⁶ Newmeyer, "Spirituality and Religion," 142.

²⁹⁷ Ibid.

²⁹⁸ Frederick, "Burnout," 270.

²⁹⁹ Newmeyer, "Spirituality and Religion," 143.

compassion fatigue.³⁰⁰ Faith Fitzgerald believes that a primary source of compassion fatigue is spiritual stress and depletion.³⁰¹

MacDonald describes spirituality as being an important but elusive piece of holistic wellbeing, which is best explained as transcendence.³⁰² MacDonald believes that patients are usually aware of the need for spiritual care and that patients welcome chaplain and pastoral intervention.³⁰³ Houck agrees with Macdonald that pastoral support and spiritual care are protective factors against burnout and recommends that medical staff practice prayer, quiet contemplation, journaling, prayer, yoga, or tai chi.³⁰⁴ Other avenues to help staff process their feelings are grief support, memorial services, and debriefing after a challenging case.³⁰⁵

Critics of Christian Practice

While Newmeyer sees Christian practice as a protective factor, Pembroke believes that the Christian ideal of self-sacrifice can be harmful to caregivers.³⁰⁶ He thinks that the ideal of self-sacrifice may push nurses and psycho-social staff to give more and more without considering their own needs.³⁰⁷ A Christian perspective that Pembroke does invoke is that of “agape” love in the form of “equal regard,” which is based on Jesus’ command to love others as one loves one’s self.³⁰⁸ With this agape concept of love, the caregiver is as important as the patient and equally deserving of care and nurture.³⁰⁹

³⁰⁰ Newmeyer, “Spirituality and Religion,” 143.

³⁰¹ Fitzgerald, “Renewing the Spirit of Hospice,” 12.

³⁰² MacDonald, “The Efficacy of Primary Care,” 355.

³⁰³ Ibid.

³⁰⁴ Houck, “Helping Nurses Cope,” 455-456.

³⁰⁵ Ibid.

³⁰⁶ Pembroke, “Contributions from Christian Ethics,” 120.

³⁰⁷ Ibid.

³⁰⁸ Ibid.

³⁰⁹ Ibid.

Nurses, social workers, and chaplains are naturally caring people whose focus is on alleviating suffering.³¹⁰ This dedication to others can lead to habitual self-denial that Pembroke categorizes as “self-harm” as professionals decline to make time to care for themselves.³¹¹ Anecdotal evidence supports Pembroke’s claim as professional caregivers often think of themselves last, skipping meals, working late, and completing work tasks after hours at home.³¹² If Christianity only offers the ideal of self-sacrifice without the concept of self-love, it may provide a harmful illustration for caring professionals.³¹³ Pembroke characterizes theologians Nygren and Badcock as contributing to the self-sacrifice without self-love paradigm, saying that neither writer discusses caring for self but only that the Christian should follow Christ’s example by picking up the cross.³¹⁴ Outka Points out that the call to self-sacrifice for others is connected to the concept of the other person being created in the image of God.³¹⁵ This Christian *imago Dei* concept needs to be applied to the caring professional as well as the patient.³¹⁶

Counter to Critics

Frederick and Fitzgerald disagree with Pembroke observing that medical professionals often feel called to their vocation and find deep personal meaning in their work.³¹⁷ Frederick says this calling can have a divine purpose, which further gives intrinsic value to one’s work.³¹⁸

³¹⁰ Pembroke, “Contributions from Christian Ethics,” 121.

³¹¹ *Ibid.*

³¹² St. Mary’s Compassion Fatigue Project focus group.

³¹³ Pembroke, “Contributions from Christian Ethics,” 121-122.

³¹⁴ *Ibid.*

³¹⁵ *Ibid.*, 123.

³¹⁶ *Ibid.*, 122.

³¹⁷ Frederick, “Burnout,” 270; Fitzgerald, “Renewing the Spirit of Hospice,” 3.

³¹⁸ Frederick, “Burnout,” 270.

When one's work has a divine purpose, the idea that God has placed a special calling on one's life at this time and in this place gives the worker personal and professional satisfaction, which in turn combats compassion fatigue.³¹⁹

Gillespie discusses the studies that correlate spirituality, religious practice, and good mental health.³²⁰ If religious practice supports general mental health, then it could also combat compassion fatigue and deserves ongoing research.³²¹ Williams agrees, citing two researchers that documented improvement in health due to spiritual practice.³²² One such study found that participants who had higher faith development scores had lower compassion fatigue scores, and Williams recommends more research into Christian methods as interventions for compassion fatigue.³²³ Williams suggests possible Christian practices of reading Scripture, keeping the Sabbath, journaling, praying, and using contemplative practices.³²⁴ While corporate culture may value multi-tasking and super productivity, Williams suggests that slowing down and using contemplation and prayer may support employee resiliency and, in turn, give companies the cost savings they seek.³²⁵

³¹⁹ Frederick, "Burnout," 270.

³²⁰ Gillespie, "Spirituality, Mindfulness, Self-Compassion," 41.

³²¹ Betty Ward Williams, "Fighting the Good Fight: Understanding the Hospice Worker's Spiritual Journey while Battling Compassion Fatigue," (DMin. Thesis, Mercer University, 2014), 3-4, accessed August 10, 2020, <https://www.proquest.com/docview/1520560953/DAD3B6367F61476BPQ/1?accountid=12085>.

³²² *Ibid.*, 3.

³²³ *Ibid.*, 4.

³²⁴ *Ibid.*, 6-7.

³²⁵ *Ibid.*, 7.

Contemplative Spirituality Practices

In his 2017 study, neuroscientist Andrew Newberg discusses the positive, physical effects that an Ignatian spiritual retreat has on the brain.³²⁶ Ignatian practices include the Daily Examen, Composition of Place guided prayer, and praying as in conversation with God.³²⁷ Newberg describes the Ignatian retreat as providing high impact practices such as prayer and silent meditation, which can make a difference in a person's psychological and physical health in a short time.³²⁸ Pre-retreat and post-retreat brain scans of the participants showed increased dopamine and serotonin production and improved subjective scoring on wellbeing self-assessments.³²⁹ Dr. Kulze agrees that silent meditation can quiet the sympathetic nervous system responses and strengthen the parasympathetic responses.³³⁰

Newberg reports that the study did not attempt to differentiate which of the spiritual practices of “prayer, meditation, self-reflection, spiritual direction, silence, absence of external stimuli, and daily mass” made the greatest impact on participants.³³¹ Based on these studies, this project will focus on the impact that contemplative spiritual practices can have on compassion fatigue in hospice workers.

³²⁶Andrew B. Newberg, Nancy Wintering, David B. Yaden, Li Zhong, Brendan Bowen, Noah Averick, and Daniel A. Monti, “Effect of a One-Week Spiritual Retreat on Dopamine and Serotonin Transporter Binding: A Preliminary Study,” *Religion, Brain and Behavior* 8, no.3 (2018): 265, accessed August 10, 2020, DOI: 10.1080/2153599X.2016.1267035.

³²⁷Wright, “Three Ways to Pray Ignatian.”

³²⁸Newberg, “Effect of a One-Week Spiritual Retreat,” 266, 271.

³²⁹Ibid., 271.

³³⁰Pringle Franklin, “How Centering Prayer Heals Your Mind, Body, and Spirit,” YouTube, January 30, 2019, accessed September 20, 2020, https://www.youtube.com/watch?v=_xxClvu5rqw.

³³¹Newberg, “Effect of a One-Week Spiritual Retreat,” 272.

Silent Meditation

Silent meditation is a prayer practice in which the person quiets one's thoughts and concentrates on slowing the breathing.³³² Christian meditation follows some of the same steps as Buddhist meditation except that the attention is focused on God's presence and voice.³³³ Silent meditation focuses the mind on connecting with God.³³⁴ as the person repeats sacred words like "God is love" as one focuses attention on sitting silently with God.³³⁵ Martin explains that God always wants to communicate with his children and the more a person practices listening, then God's voice becomes easier to hear.³³⁶

Composition of Place

Composition of place can be a way to introduce people to prayer and sitting in God's presence.³³⁷ Martin explains that one contemplative Ignatian practice found in *The Spiritual Exercises* is "composition of place" in which a person imagines a scene from the New Testament and places oneself in the scene.³³⁸ While "composition of place" may seem strange, Ignatius believed that just as God speaks to a person through one's God-given intellect, so God could also talk to a person through one's God-given imagination.³³⁹ Bishop Mokgothu of the Southern African Methodist Church describes scriptural guided imagery as imagining a

³³² Pringle Franklin, and Father Nicolas Amato, "Guided Session of Centering Prayer," YouTube, January 30, 2019, accessed September 20, 2020, <https://youtu.be/lhPfU2yJ2II>.

³³³ Martin, *The Jesuit Guide*, 163.

³³⁴ Franklin, "Guided Session."

³³⁵ Ibid.

³³⁶ Martin, *The Jesuit Guide*, 151.

³³⁷ Ibid., 146.

³³⁸ Ibid., 14, 145.

³³⁹ Ibid., 146.

specific Bible story and entering into the narrative in one's mind.³⁴⁰ The participant imagines being part of the action, including sights, smells, taste, and touch.³⁴¹

The Daily Examen

The Daily Examen is done at noon and at the end of the day as the participant prayerfully reflects on the day's events.³⁴² A form of self-reflection, the Daily Examen consists of five steps: gratitude, confession, review of the day, forgiveness, and grace for tomorrow.³⁴³ Gratitude gives thanks to God for all the good things from the day, like a conversation with a friend or a good meal.³⁴⁴ Confession asks God to make one aware of the sins of the day.³⁴⁵ The Review thinks about all the events of day and allows the person to process these happenings.³⁴⁶ During the Forgiveness step, the person asks for God's forgiveness for the sins confessed in the second step.³⁴⁷ Lastly, the step of Grace asks God for God's help and grace for the next day.³⁴⁸

Art Therapy

Closely related to contemplative practices is art therapy, which allows the participant to reflect on one's feelings while creating art.³⁴⁹ Therapeutic artwork can be an effective

³⁴⁰ Sidwell Mokgothu, "The Ignatian Method of Prayer," The Upper Room, accessed August 11, 2020, <https://www.upperroom.org/resources/the-ignatian-method-of-prayer>.

³⁴¹ Ibid.

³⁴² Wright, Three Ways to Pray Ignatian.

³⁴³ Martin, *The Jesuit Guide*, 88, 89, 91, 95.

³⁴⁴ Ibid., 88.

³⁴⁵ Ibid., 89.

³⁴⁶ Ibid., 91.

³⁴⁷ Ibid., 95.

³⁴⁸ Ibid., 95.

³⁴⁹ Suzanne Haeyen, Susan van Hooren, and Giel Hutschemaekers, "Perceived Effects of Art Therapy in the Treatment of Personality Disorders, Cluster B/C: A Qualitative Study," *The Arts in Psychotherapy* 45 (2015): 2, accessed October 20, 2019, <https://dx.doi.org/10.1016/j.aip.2015.04.005>.

technique because it takes pre-verbal emotions that have not been processed and allows the person to translate them through drawing, painting, or collage-making.³⁵⁰

Art therapy creates a non-threatening way of addressing troubling issues or feelings by distancing the client from the emotions and allowing one to see the issue more objectively.³⁵¹

Jones, Drass, and Kaimal believe that art therapy bypasses a person's defense mechanisms and connects the nonverbal parts of the brain as well as building trust between counselor and client.³⁵² Additionally, researchers using electroencephalographic testing are discovering that creativity activates the reward centers in the brain, which regulates emotions and mood.³⁵³

Creative therapy combines visual arts, creativity, neuroplasticity, and manual dexterity to help the client express thoughts and feelings in the brain's nonverbal, right side.³⁵⁴

Neurological research using electroencephalography (EEG) on patients during an art therapy session showed higher brain activity in subjects participating in an art therapy project than in subjects executing a repetitious manual task.³⁵⁵ Researchers believe that the brain hemispheres work in tandem to process information and emotions conveyed during artistic activities.³⁵⁶ Art therapy integrates the senses and stimulates bilateral brain activity to translate stored memories and feelings into words.³⁵⁷ During bilateral stimulation, both the left and right hemispheres of

³⁵⁰ Haeyen, "Perceived Effects of Art Therapy," 2.

³⁵¹ Ibid., 2.

³⁵² Jacqueline P. Jones, Jessica M. Drass, and Girija Kaimal, "Art Therapy for Military Service Members with Post-Traumatic Stress and Traumatic Brain Injury: Three Case Reports Highlighting Trajectories of Treatment and Recovery," *The Arts in Psychotherapy* 62 (April 2019): 19, accessed October 13, 2019, <https://doi.org/10.1016/j.aip.2019.04.004>.

³⁵³ Ibid.

³⁵⁴ Juliet L. King, and Girija Kaimal, "Approaches to Research in Art Therapy Using Imaging Technologies," *Frontiers of Human Neuroscience* 13, article 159 (2019): 2, accessed October 13, 2019, DOI: 10.3389/fnhum.2019.00159.

³⁵⁵ Ibid.

³⁵⁶ Ibid.

³⁵⁷ Malchiodi, *Handbook of Art Therapy*, 19.

the brain work together to execute the creative activity.³⁵⁸ Research on people participating in art projects showed that the participants had high alpha brain waves, which indicates relaxation during the creative activity.³⁵⁹

Contemplative Journaling

Journaling is both a contemplative practice and a therapy tool.³⁶⁰ H. Norman Wright explains that writing one's thoughts on paper by hand unites both sides of the brain and creates tactile memory that helps the person process the information.³⁶¹ Researchers believe that journaling for twenty minutes a day can help with pain relief, improve immunity, and general health.³⁶² Writing about troubling events helps deplete their emotional charge and allows a person to come to terms with their feelings and with troubling situations.³⁶³ More than just processing feelings, journaling may help construct meaning from one's experiences.³⁶⁴ Duffy agrees that journaling helps process events, and that when the clients see their thoughts as words on a page, one can confront and integrate their feelings and find resolution.³⁶⁵ By putting one's thoughts to paper it helps the person see the bigger picture of the experiences and sort through events more logically.³⁶⁶

³⁵⁸ Malchiodi, *Handbook of Art Therapy*, 2.

³⁵⁹ King, "Approaches to Research in Art Therapy," 2.

³⁶⁰ James W. Pennebaker, and Joshua M. Smyth, *Opening Up by Writing It Down* (New York: Guilford Press, 2016), ix.

³⁶¹ H. Norman Wright, *The Complete Guide to Crisis & Trauma Counseling: What to Do and Say When It Matters Most!* (Bloomington, MN: Bethany House Publishers, 2011), 223.

³⁶² Wright, *The Complete Guide to Crisis*, 223.

³⁶³ Ibid.

³⁶⁴ Allison Utley, and Yvonne Garza, "The Therapeutic Use of Journaling with Adolescents," *Journal of Creativity in Mental Health* 6, no. 30 (2011): 33, accessed October 1, 2021, DOI: 10.1081/15401383.2011.557312.

³⁶⁵ Brian Duffy, "The Road to Clarity: Talk Therapy and Journaling Help Clients Make Sense of Their Thoughts," *Addiction professional* 8, no. 5 (September 1, 2010): 16, accessed February 12, 2021, <https://www.proquest.com/docview/759494374?accountid=12085>.

³⁶⁶ Utley, "The Therapeutic Use of Journaling," 30.

Corporate Responsibility

While most researchers identify burnout as a response to the constant expending of emotional energy, Hotchkiss observes that organizational ethos and corporate culture play a role in employee burnout through understaffing and not providing adequate emotional support.³⁶⁷ Institutions may contribute to the cause of burnout and may also experience the repercussions of compassion fatigue in performance issues, absenteeism, increased medical mistakes, poor patient satisfaction, and even staff addiction issues.³⁶⁸

Compassion fatigue is a problem not only because of the staff member's symptoms but also because of the ramifications for patient care and interactions with other staff members.³⁶⁹ When staff members are suffering from compassion fatigue, they are more likely to make mistakes in diagnosing and care-planning for patients.³⁷⁰ These mistakes are due to cognitive issues caused by stress that affect a worker's ability to problem solve, remember, and make sound decisions.³⁷¹

Many researchers, including Delaney, Bride, Potter, Zhang, Houck, Drury, Zajac, and F. Fitzgerald, agree that corporate responsibility should include compassion fatigue support in the workplace.³⁷² In the current climate of cost-effectiveness, healthcare entities should care about compassion fatigue because of the effects on their bottom line and its impact on patient care.³⁷³ Financially, compassion fatigue affects companies through high employee turnover, the

³⁶⁷ Yong, "Effects of Holy Name," 86.

³⁶⁸ Potter, "Compassion Fatigue Resiliency," 83.

³⁶⁹ Delaney, "Caring for Caregivers," 1.

³⁷⁰ Bride, "Measuring Compassion Fatigue," 156.

³⁷¹ Potter, "Compassion Fatigue Resiliency," 84.

³⁷² Delaney, "Caring for the Caregiver," 1; Bride, "Measuring Compassion Fatigue," 156; Zhang, "Determinants of Compassion Satisfaction," 1; Houck, "Helping Nurses Cope," 454; Drury, "Compassion Satisfaction," 520; Zajac, "Confronting Compassion Fatigue," 446; Fitzgerald, "Renewing the Spirit of Hospice," 12.

³⁷³ Zhang, "Determinants of Compassion Satisfaction," 1.

risk to patient safety, and low patient satisfaction.³⁷⁴ Add to those issues the loss of productivity due to increased absenteeism and lower employee motivation and the profit margin is further affected.³⁷⁵

Zajac agrees that compassion fatigue can affect a worker's ability to care properly for the patient.³⁷⁶ One study has shown that burnout is a problem for more than fifty percent of American doctors.³⁷⁷ Doctors suffering from compassion fatigue are more prone to make mistakes, thereby leaving them open to malpractice suits.³⁷⁸ Williams takes the need for corporate responsibility a step further, saying that hospice companies that provide grief support and emotional support to employees may see a financial return for their investment in their employees.³⁷⁹ Harris points out that workplace interventions do not have to be expensive to be effective.³⁸⁰ She suggests highlighting staff contributions, rotating acute patients to different nurses, providing quiet rooms and timeout breaks for staff, and providing on-site counseling.³⁸¹

Theological Foundations

The theological basis for this project integrates two fundamental concepts, God's interaction, and revelation of Godself to humanity and, secondly, God's command for Sabbath. For this paper, the concept of God's revelation involves three prongs: Scripture, the Incarnation, and prayer. Each of these concepts touches on God's love for humanity and desire

³⁷⁴ Zhang, "Determinants of Compassion Satisfaction," 1; Houck, "Helping Nurses Cope," 454; Drury, "Compassion Satisfaction," 520.

³⁷⁵ Drury, "Compassion Satisfaction," 520.

³⁷⁶ Zajac, "Confronting Compassion Fatigue," 446.

³⁷⁷ Frederick, "Burnout," 268.

³⁷⁸ Frederick, "Burnout," 268.

³⁷⁹ Williams, "Fighting the Good Fight," 30.

³⁸⁰ Harris, "Nursing on Empty," 84.

³⁸¹ *Ibid.*, 85.

to commune with people.³⁸² The second theme of Sabbath supports the argument for self-care and taking time to refresh and renew oneself in God's presence.

Revelation Through Scripture

Christian Scripture, including both Old and New Testaments, reveals the infinite and incomprehensible God to finite human beings.³⁸³ Through the inspiration of the Holy Spirit, the triune God enabled people to record God's plan, purpose, love, and salvation for humanity in Scripture.³⁸⁴ Scripture reveals God's existence and nature, but the sacred texts also instruct on the means of sanctification and give inspiration to God's people.³⁸⁵ The fact that God provided Scripture as a vehicle to interact with people through the millennia shows God's desire to be known, understood, and loved by humanity.³⁸⁶

Over and over Scripture recounts God's reaching out to humanity.³⁸⁷ A reader of Scripture will note some of the times God met people in the wilderness of nature.³⁸⁸ In Exodus 3, God engages Moses in the wilderness with the burning bush.³⁸⁹ Moses did not go looking for God; God came looking for Moses.³⁹⁰ Genesis 32:24-32 describes the event of Jacob going toe to toe with God at Peniel when Jacob declares, "...I saw God face to face, and yet my life was

³⁸² Brent A. Rempel, "'A Field of Divine Activity': Divine Aseity and Holy Scripture in Dialogue with John Webster and Karl Barth," *Scottish Journal of Theology* 73, no. 3 (2020): 211, accessed January 5, 2021, DOI:10.1017/S0036930620000320.

³⁸³ Ibid.

³⁸⁴ Ibid.

³⁸⁵ Gavin D'Costa, "Revelation, Scripture and Tradition: Some Comments on John Webster's Conception of 'Holy Scripture'," *International Journal of Systematic Theology* 6 (2004): 338, accessed July 7, 2021, <https://doi-org.ezproxy.liberty.edu/10.1111/j.1468-2400.2004.00140.x>.

³⁸⁶ Rempel, "'A Field of Divine Activity,'" 210.

³⁸⁷ Ibid., 230.

³⁸⁸ Ibid.

³⁸⁹ Ken Kaisch, *Finding God: A Handbook of Christian Meditation*, (Mahwah: Paulist Press, 1994), 230.

³⁹⁰ Ibid.

spared.”³⁹¹ Elijah finds himself seeking refuge in a cave on Mount Horeb, then God reaches out to Elijah in the holy whisper (1Kings 19:11-13).³⁹² Through Scripture the reader understands what God is like, yet through the Incarnation of Christ, one sees the nature of God expressed in the fully divine person of Jesus.³⁹³

Revelation Through the Incarnation

The foundational concept of the Christian faith is the Incarnation.³⁹⁴ The Incarnation of the Son gave humanity an exact reflection of the Father’s character and allowed people to know God in a personal way.³⁹⁵ The fact that the second person of the Trinity chose to become a member of humanity and to share all the pain, troubles, joys, challenges, birth, and death that people experience demonstrates the core principle of this thesis.³⁹⁶ God meets people where they are.³⁹⁷ Christ took on our wretched human condition not just for his brief, earthly life, but for eternity.³⁹⁸ This amazing solidarity is the basis for everything else God does for humanity.³⁹⁹ Kaisch notes that this kinship is described in John 1:14, “The Word became flesh and made his dwelling among us. We have seen his glory, the glory of the one and only

³⁹¹ Michael Rydelink, and James Spencer, eds. “Genesis,” in *The Moody Bible Commentary*, (Chicago: Moody Publishers, 2014), 94; Unless otherwise stated, all Scripture references are from the New International Version of the Bible.

³⁹² Harry E. Shields, “1 Kings,” in *The Moody Bible Commentary*, (Chicago: Moody Publishers, 2014), 510.

³⁹³ Rempel, “A Field of Divine Activity,” 212.

³⁹⁴ Marcus Johnson, and John Clark, “Incarnation: The Central Miracle of the Christian Faith,” www.PastorTheologians.com, December 8, 2020, accessed February 26, 2021, <https://www.pastortheologians.com/articles/2020/12/8/incarnation-the-central-miracle-of-the-christian-faith>.

³⁹⁵ R. L. Reymond, “Incarnation,” in *Evangelical Dictionary of Theology*, ed. Walter L. Elwell (Grand Rapids: Baker Book House, 2001), 601.

³⁹⁶ Johnson, “Incarnation: The Central Miracle of the Christian Faith.”

³⁹⁷ Ibid.

³⁹⁸ Ibid.

³⁹⁹ Kaisch, *Finding God*, 231.

Son, who came from the Father, full of grace and truth.”⁴⁰⁰ God’s action in Christ is not a one-time interaction but an eternal, perpetual communion as seen throughout Scripture.⁴⁰¹

God also meets people in the wilderness of their souls as one sees throughout Scripture.⁴⁰² In John 4, Jesus meets the Samaritan woman at Jacob’s well.⁴⁰³ Jesus engages her about her greatest shame and offers her God’s grace.⁴⁰⁴ In their confusion and grief following the crucifixion, Cleopas and his friend journey along the road to Emmaus (Luke 24: 13-35).⁴⁰⁵ Jesus joins them on the road and as the three men walk along together, Jesus ministers to their shattered and confused hearts.⁴⁰⁶ Finally, Jesus meets Mary at the empty tomb in John 20:14-16.⁴⁰⁷ In her agonizing grief, Mary does not recognize Jesus until he says her name.⁴⁰⁸ God meets people where they are physically and emotionally in Scripture, and God still meets us where we are today.⁴⁰⁹ Whether a person is isolated physically or spiritually, God engages one on the person’s level and shows grace and healing.⁴¹⁰ Through the working of the Holy Spirit, our Counselor, Christians have comfort and healing wherever one finds oneself on the spiritual journey.⁴¹¹

⁴⁰⁰ Kaisch, *Finding God*, 231.

⁴⁰¹ Ibid.

⁴⁰² Marcia Hollis, *God Meets Us Where We Are* (Grand Rapids: Zondervan, 1989), 202.

⁴⁰³ John F. Hart, “John,” in *The Moody Bible Commentary* (Chicago: Moody Publishers, 2014), 1617-1618.

⁴⁰⁴ Ibid.

⁴⁰⁵ Walter L. Liefeld, “Luke,” in *NIV Bible Commentary* (Grand Rapids: Zondervan, 1994), 285.

⁴⁰⁶ Liefeld, “Luke,” 285.

⁴⁰⁷ Hollis, *God Meets Us Where We Are*, 174.

⁴⁰⁸ Ibid.

⁴⁰⁹ Hollis, *God Meets Us Where We Are*, 202.

⁴¹⁰ Ibid.

⁴¹¹ Ibid., 201.

Seek and You Shall Find

God initiates relationships with people but also invites humankind to approach the Divine.⁴¹² Two well-known scriptures demonstrate God's openness to relationship with people. This text from Deuteronomy shows that even after the Israelites have sinned and betrayed God, God is still ready to reconcile with them, "But if from there you seek the LORD your God, you will find him if you seek him with all your heart and with all your soul" (Deuteronomy 4:29).⁴¹³

Jesus repeats this sentiment in Matthew 7:7-8, "Ask and it will be given to you; seek and you will find; knock and the door will be opened to you. For everyone who asks receives; the one who seeks finds; and to the one who knocks, the door will be opened."⁴¹⁴ Jesus stands ready to welcome humanity to himself.⁴¹⁵ The seeker can approach God with the confidence that God will receive her.⁴¹⁶ Because we have received God's invitation to engage with God, humans also have the gift of prayer.⁴¹⁷

Revelation Through Prayer

Prayer is a cornerstone of relationship with God.⁴¹⁸ The most important fact regarding prayer is that God listens to us when we pray.⁴¹⁹ Without this fact, prayer would be an exercise

⁴¹² James Coakley, "Deuteronomy," in *The Moody Bible Commentary*, eds. Michael Rydelink, and Michael Vanlaningham (Chicago: Moody Publishers, 2014), 272.

⁴¹³ Ibid.

⁴¹⁴ D. A. Carson, "Matthew," in *NIV Bible Commentary*, eds. Kenneth L. Barker, and John R. Kohlenberger III (Grand Rapids: Zondervan, 1994), 36.

⁴¹⁵ Ibid.

⁴¹⁶ Ibid.

⁴¹⁷ Dirk van der Merwe, "Prayer, the Encounter and Participation, the Experience: A Pauline Exhortation Towards a Spirituality of Prayer," *Verbum et Ecclesia* 39, no. 1 (January 2018): 1.

⁴¹⁸ Ibid.

⁴¹⁹ Hollis, *God Meets Us Where We Are*, 27.

in futility and nothing more than a vague wish with no action behind it.⁴²⁰ Prayer allows the believer to commune with God and feed one's soul in the sacred give and take.⁴²¹ For some people, prayer is only petitioning God for help.⁴²² The person presents one's to-do list of needs to God and God should dutifully oblige.⁴²³ Other people would describe prayer as talking to God, assuming that prayer is acted out by the individual, but Burrows explains that prayer is what God does on one's behalf.⁴²⁴ Certainly, prayer can be a one-time request for God to act in a specific manner, yet it can be so much more.⁴²⁵ Prayer can be a life lived in constant communion with God.⁴²⁶ Of course, maintaining communion can be difficult as Burrows notes that because of original sin, humanity is spiritually blind and cannot see their need for God or the amazing love and protection that God wants to bestow.⁴²⁷

To commune with God through prayer, one must set aside one's autonomy and pride and approach God in the knowledge that God alone has the power to love and protect.⁴²⁸ Bloesch describes prayer as our soul "both wrestling with God in the darkness and resting in the stillness" with God.⁴²⁹ When pride, ego, and pretense ebb away, all that is left is silence,

⁴²⁰ Hollis, *God Meets Us Where We Are*, 27.

⁴²¹ Donald G. Bloesch, "Prayer," in *Evangelical Dictionary of Theology*, ed. Walter A. Elwell (Grand Rapids: Baker Book House, 2001), 946.

⁴²² Plekon, *Uncommon Prayer*, 5; Richard Rohr, "What is Contemplative Prayer and Why is It So Needed?" YouTube, January 2, 2018, accessed September 19, 2020, <https://www.youtube.com/watch?v=b0o5J0-8OA0>.

⁴²³ Rohr, "What is Contemplative Prayer and Why is It So Needed?"

⁴²⁴ Plekon, *Uncommon Prayer*, 5-6; Rohr, "What is Contemplative Prayer and Why is It So Needed?"

⁴²⁵ Rohr, "What is Contemplative Prayer and Why is It So Needed?"

⁴²⁶ van der Merwe, "Prayer," 1.

⁴²⁷ Ruth Burrows, "Lose Yourself: Getting Past 'Me' to 'Thee'." *America* 209, no. 19, 23 (Dec. 2013): 2, accessed September 6, 2020, https://link-gale.com.ezproxy.liberty.edu/apps/doc/A353464409/BIC?u=vic_liberty&sid=BIC&xid=c65377b6.

⁴²⁸ *Ibid.*, 4.

⁴²⁹ Bloesch, "Prayer," 947.

and in that silence, one meets God, not by talking or asking questions but by simply being in God's presence.⁴³⁰

King David was a man of prolific prayer, as seen by the many psalms and prayers he wrote.⁴³¹ Over and over, David calls out to God when discouraged, terrified, or elated as he pours out his heart in Psalm 55.⁴³²

Listen to my prayer, O God, do not ignore my plea; hear me and answer me. My thoughts trouble me. . . My heart is in anguish within me; the terrors of death have fallen on me. Fear and trembling have beset me; horror has overwhelmed me (Psalm 55:1-5).

The psalmist continues, "As for me, I call to God, and the LORD saves me. Evening, morning, and noon I cry out in distress, and he hears my voice" (Psalm 55:16-17). The reader sees that David calls out to God for solace, and God hears his cries.⁴³³ Finally, David resolves his feelings, declaring, "Cast your cares on the LORD, and he will sustain you; he will never let the righteous be shaken" (Psalm 55:22). Like David, the modern person can cry out to God for renewal and deliverance.⁴³⁴ Alden agrees, saying that verse 22 can speak to the needs of modernity as many people have probably prayed a similar prayer.⁴³⁵

Jesus understood the importance of prayer and gave instructions to the disciples on how to pray in Matthew 6:9-13.⁴³⁶ Jesus demonstrated prayer saying what modern Christians recognize as The Lord's Prayer, "'Our Father in heaven, hallowed be your name, your

⁴³⁰ Plekon, *Uncommon Prayer*, 6.

⁴³¹ Robert L. Alden, "Psalms" in *Everyday Bible Commentary* (Chicago: Moody Publishers, 2019), viii.

⁴³² John W. Baigent, "Psalms (1-72)" in *The International Bible Commentary with the NIV*, ed. F. F. Bruce (Grand Rapids: Zondervan, 1986), 552-553.

⁴³³ Baigent, "Psalms," 593.

⁴³⁴ Alden, "Psalms," viii.

⁴³⁵ *Ibid.*, 20.

⁴³⁶ Carson, "Matthew," 31.

kingdom come, your will be done....”⁴³⁷ Jesus did not just recommend prayer to his followers; he practiced his own prayer life.⁴³⁸

The writer of the Gospel of Luke reports in Luke 5:16, that Jesus often sought time alone with God in prayer.⁴³⁹ Many texts report Jesus advocating prayer or praying on his own.⁴⁴⁰ In Matthew 14:23, Jesus goes to a mountainside alone to pray.⁴⁴¹ The author of Mark 1:35 writes that early one morning, Jesus went outside to pray while it was still dark.⁴⁴² Luke 4:42 and Luke 6:12 describe Jesus retreating to pray.⁴⁴³ Lastly, Jesus reminded the disciples that they must stay in communion with him.⁴⁴⁴ “I am the vine; you are the branches. If you remain in me and I in you, you will bear much fruit; apart from me you can do nothing” (John 15:5).⁴⁴⁵ The scriptural reference to the vine and branches describes a symbiotic relationship of the Christian receiving spiritual nutrition from Jesus, the Vine.⁴⁴⁶ Just as the grapevine is the source of life for the branches, Jesus is the source of life for the believer.⁴⁴⁷

Later in the New Testament, Saint Paul writes a beautiful prayer for the Ephesians, showing his heart for prayer:

I pray that out of his glorious riches he may strengthen you with power through his Spirit in your inner being, so that Christ may dwell in your hearts through faith. And I pray that you, being rooted and established in love, may have power, together with all the Lord’s holy people, to grasp how wide and long and high and

⁴³⁷ Carson, “Matthew,” 31.

⁴³⁸ Ibid.

⁴³⁹ Matthew Williams, “Jesus’s Pattern of Prayer,” *The Good Book Blog*, Biola University, January 9, 2019, <https://www.biola.edu/blogs>.

⁴⁴⁰ Carson, “Matthew,” 31.

⁴⁴¹ Michael G. Vanlaningham, “Matthew,” in *The Moody Bible Commentary* (Chicago: Moody Publishers, 2014), 1479.

⁴⁴² Williams, “Jesus’ Pattern of Prayer.”

⁴⁴³ Laurence E. Porter, “Luke,” in *The International Bible Commentary with the NIV*, ed. F. F. Bruce (Grand Rapids: Zondervan, 1986), 1195, 1197.

⁴⁴⁴ Kaisch, *Finding God*, 230.

⁴⁴⁵ David J. Ellis, “John,” in *The International Bible Commentary with the NIV*, ed. F. F. Bruce (Grand Rapids: Zondervan, 1986), 1256.

⁴⁴⁶ Kaisch, *Finding God*, 230.

⁴⁴⁷ Ibid.

deep is the love of Christ, and to know this love that surpasses knowledge—that you may be filled to the measure of all the fullness of God (Eph. 3:16-19).⁴⁴⁸

This prayer describes the Christian life that is rooted in the strength, power, love, and communion with Jesus and comes from spending time with God in prayer.⁴⁴⁹ Ephesians 3:16-19 sums up the theological foundation of this project, that through prayer God will strengthen, empower, and abide with the believer.⁴⁵⁰

Sabbath: Theology of Rest and Renewal

While the idea of Sabbath is not debated in most theological circles, the idea of self-care is still viewed with some skepticism.⁴⁵¹ Sabbath, of course, is the day of rest mandated in the Ten Commandments and practiced by God himself (Exodus 20:8-11).⁴⁵² In Genesis 2:3 Scripture says, “Then God blessed the seventh day and made it holy, because on it he rested from all the work of creating that he had done.”⁴⁵³ Fuller refers to several authors who view self-care as being “self-centered,” “self-indulgent,” and “dangerous.”⁴⁵⁴ However, pastoral counseling expert Teresa Snorton explains that self-care is an ongoing, holistic practice that supports the physical and emotional health of a person.⁴⁵⁵ Self-care should not be

⁴⁴⁸ A. Skevington Wood, “Ephesians,” in *NIV Bible Commentary*, ed. Kenneth L. Barker, and John R. Kohlenberger III (Grand Rapids: Zondervan, 1994), 765.

⁴⁴⁹ Van der Merwe, “Prayer,” 2.

⁴⁵⁰ Ibid.

⁴⁵¹ Leanna K. Fuller, “In Defense of Self-Care,” *Journal of Pastoral Theology* 28, no. 1 (2018): 7, accessed February 26, 2021. DOI: 10.1080/10649867.20181459106.

⁴⁵² Robert P. Gordon, “Exodus,” in *The International Bible Commentary with the NIV*, ed. F. F. Bruce (Grand Rapids: Zondervan, 1986), 170.

⁴⁵³ H. L. Ellison, “Genesis,” in *The International Bible Commentary with the NIV*, ed. F. F. Bruce, (Grand Rapids: Zondervan, 1986), 116.

⁴⁵⁴ Fuller, “In Defense of Self-Care,” 7.

⁴⁵⁵ Ibid., 7-8.

a response to complete exhaustion but a daily commitment to care for oneself spiritually, emotionally, and physically.⁴⁵⁶

Deuteronomy 5:15 gives clear instruction to take a day of rest, “Remember that you were slaves in Egypt and that the LORD your God brought you out of there with a mighty hand and an outstretched arm. Therefore, the LORD your God has commanded you to observe the Sabbath day.”⁴⁵⁷ The Israelites liberated from Egypt were free people who were not compelled to work seven days a week.⁴⁵⁸ God wanted them to remember that God removed them from oppression and to claim their rightful place as God’s people.⁴⁵⁹

Blevins discusses the tendency for Americans to enslave themselves to a job by working extended hours and not taking vacation days.⁴⁶⁰ Sabbath time can be more than a religious observance; it can be “an opportunity for refreshment, recreation, and renewal.”⁴⁶¹ Instead of allowing technology to encroach upon our rest time, people can turn off their devices and practice contemplation, introspection, and refreshment.⁴⁶²

Isaiah 40:28-31 speaks about the need for refreshment and renewal outside of Sabbath.⁴⁶³ The beauty of this text is the way it acknowledges those moments when one feels forgotten by God, then God responds kindly.⁴⁶⁴

⁴⁵⁶ Fuller, “In Defense of Self-Care,” 7.

⁴⁵⁷ Brian Pate, “‘I Will Give you Rest’: A Theology of Rest in the Old Testament” (Master thesis, The Southern Baptist Theological Seminary, 2014), 14, accessed May 30, 2021, https://www.academia.edu/19772970/_I_Will_Give_You_Rest_A_Theology_of_Rest_in_the_Old_Testament.

⁴⁵⁸ Kent Blevins, “Observing Sabbath,” *Review and Expositor* 113, no. 4 (2016): 482, accessed February 3, 2021, DOI: 10.1177/0034637316670952.

⁴⁵⁹ Blevins, “Observing Sabbath,” 482.

⁴⁶⁰ *Ibid.*, 487.

⁴⁶¹ *Ibid.*

⁴⁶² *Ibid.*

⁴⁶³ Michael Rydelink, and James Spencer, “Isaiah,” in *The Moody Bible Commentary*, eds. Michael Rydelink and Michael Vanlaningham (Chicago: Moody Publishers, 2014), 1062.

⁴⁶⁴ Christopher R. Seitz, “The Book of Isaiah 40-66,” in *The New Interpreter’s Bible* (Nashville: Abingdon Press, 2001), 346.

Do you not know? Have you not heard? The LORD is the everlasting God, the Creator of the ends of the earth. He will not grow tired or weary, and his understanding no one can fathom. He gives strength to the weary and increases the power of the weak. Even youths grow tired and weary, and young men stumble and fall; but those who hope in the LORD will renew their strength. They will soar on wings like eagles; they will run and not grow weary they will walk and not be faint (Isaiah 40:28-31).

The prophet continues by affirming to Israel that God will refresh and renew their strength even though they are fatigued from exile.⁴⁶⁵ He compares the stamina of a young person who runs on his own strength and becomes weary as opposed to the person who waits for God's action and has renewed strength.⁴⁶⁶ The chapter closes with the beautiful image of the tired but hopeful person flying high with the strong wings of the Lord.⁴⁶⁷

If anyone understood the concept of receiving strength from God, it was Jesus.⁴⁶⁸ Several times in the New Testament the reader witnesses Jesus taking time to refresh himself when he is emotionally stressed or physically exhausted.⁴⁶⁹ Scripture demonstrates that Jesus often took time away from the crowds and his work to be alone with God.⁴⁷⁰ In Mark 6:31, Jesus and the disciples were bombarded with people, Jesus took the disciples away for some quiet reflection to refresh themselves.⁴⁷¹

God sends renewal to people several times in the Bible.⁴⁷² In Matthew 4, angels minister to Jesus after his temptation in the wilderness.⁴⁷³ 1 Kings 19:5-7 records Elijah fleeing

⁴⁶⁵ "Isaiah 40:31 Commentary," Precept Austin, https://www.PreceptAustin.org/isaiah_4031_commentary, March 19, 2018, accessed March 7, 2021.

⁴⁶⁶ "Isaiah 40:31 Commentary," Precept Austin.

⁴⁶⁷ Rydelink, "Isaiah," 1062.

⁴⁶⁸ Martin, *The Jesuit Guide*, 154.

⁴⁶⁹ Ibid.

⁴⁷⁰ Ibid.

⁴⁷¹ Walter W. Wessel, "Mark," in *NIV Bible Commentary*, Eds. Kenneth L. Barker, and John R. Kohlenberger III (Grand Rapids: Zondervan, 1994), 160.

⁴⁷² Billy Graham, *Angels: God's Secret Agents* (Dallas: Word Publishing, 1995), 141.

⁴⁷³ Kaisch, *Finding God*, 230.

Jezebel in the desert until he collapses and resigns himself to death.⁴⁷⁴ God sends an angel to provide food and water for Elijah.⁴⁷⁵ After Abraham banishes Hagar and Ishmael, the two wander the desert until their food and water run out.⁴⁷⁶ Believing that they are going to die, Hagar leaves Ishmael under a tree so she will not witness his death.⁴⁷⁷ God sends an angel to show Hagar a well that provides them the water they need to survive (Genesis 21:15-20).⁴⁷⁸

One of the best-known scriptures, Psalm 23, uses the imagery of a shepherd caring for his sheep to describe a person being nurtured and refreshed by God.⁴⁷⁹

The LORD is my shepherd, I lack nothing. He makes me lie down in green pastures,
he leads me beside quiet waters, he refreshes my soul.
He guides me along the right paths for his name's sake.
Even though I walk through the darkest valley,^[a] I will fear no evil,
for you are with me; your rod and your staff, they comfort me.
You prepare a table before me in the presence of my enemies.
You anoint my head with oil; my cup overflows.
Surely your goodness and love will follow me all the days of my life,
and I will dwell in the house of the LORD forever (Psalm 23).

In Psalm 23, God, the Good Shepherd, cares for his sheep.⁴⁸⁰ Fred Wight explains that in the ancient Near East, the shepherd was crucial to the survival of the sheep because he found fresh, green pastures for the sheep to graze.⁴⁸¹ Rapidly moving water may provide fresh water but it frightens the sheep so the shepherd finds clean, calm pools of water for the flock to drink.⁴⁸² Shepherds carried a primitive flute to ward off their boredom and to refresh the

⁴⁷⁴ Kaisch, *Finding God*, 230.

⁴⁷⁵ Ibid.

⁴⁷⁶ Graham, *Angels*, 142.

⁴⁷⁷ Ibid.

⁴⁷⁸ Kaisch, *Finding God*, 230.

⁴⁷⁹ Alden, "Psalms," 32.

⁴⁸⁰ Ibid.

⁴⁸¹ Frank H. Wight, "Shepherd Life: The Care of Sheep and Goats," Ancient Hebrew Research Center, <https://www.ancient-hebrew.org/manners/shepherd-life-the-care-of-sheep-and-goats.htm>.

⁴⁸² Ibid.

sheep.⁴⁸³ Sheep are plagued with infections caused by fly bites.⁴⁸⁴ The shepherd pours medicinal oils on the lamb's head to prevent flies from laying their eggs on the skin and infecting the sheep with maggots.⁴⁸⁵ The shepherd's abiding presence nurtured the flock, and they followed wherever the Shepherd led.⁴⁸⁶ Humanity is God's flock and he longs to care for people the same way the shepherd cares for his flock.⁴⁸⁷ The flock is utterly dependent on the shepherd for protection, health care, and fresh water just as the weary person is dependent on God for nurturing.⁴⁸⁸

Psalm 91:1-4 describes God's protection for those who seek communion with him.⁴⁸⁹ God becomes the fortress or sanctuary for the biblical writer as God's tall, thick protective walls provide safety for the person in God's sustaining presence.⁴⁹⁰

Whoever dwells in the shelter of the Most-High will rest in the shadow of the Almighty. I will say of the LORD, "He is my refuge and my fortress, my God, in whom I trust." Surely, he will save you from the fowler's snare and from the deadly pestilence. He will cover you with his feathers, and under his wings you will find refuge; his faithfulness will be your shield and rampart.

Psalm 91:1- 4 portrays the life of someone who lives in the presence of God and receives protection from the Lord.⁴⁹¹ This living in God's presence is much more than a single prayer for help but a life stance that embraces God as one's omnipotent protector.⁴⁹² The image of

⁴⁸³ Wight, "Shepherd Life."

⁴⁸⁴ William MacKenzie, "You Anoint My Head with Oil; My Cup Overflows," *Table Talk* 42, no. 8 (August 2018): 25.

⁴⁸⁵ MacKenzie, "You Anoint My Head," 25.

⁴⁸⁶ Ibid.

⁴⁸⁷ John MacArthur, "He Leads Me in Paths of Righteousness for His Name's Sake," *Table Talk* 42, no. 8 (August 2018): 15.

⁴⁸⁸ MacArthur, "He Leads Me," 15.

⁴⁸⁹ Rydelink, "Psalms," 834-835.

⁴⁹⁰ Ibid.

⁴⁹¹ Ibid.

⁴⁹² Ibid.

God sheltering his child under his great wings is a nurturing metaphor that reiterates the promise that God cares for those who seek him.⁴⁹³

Jesus continues the theme of God's children coming to the Lord for help.⁴⁹⁴ In Matthew 11:28-30, Jesus says, "Come to me, all you who are weary and burdened, and I will give you rest. Take my yoke upon you and learn from me, for I am gentle and humble in heart, and you will find rest for your souls. For my yoke is easy and my burden is light." Again, Scripture describes an ongoing relationship between the Christian and God.⁴⁹⁵ It shows an exhausted and demoralized believer submitting to Christ and accepting Jesus' yoke and call to rest.⁴⁹⁶

Theoretical Foundations

Compassion fatigue is a growing issue for medical staff.⁴⁹⁷ Research shows that increasing resiliency and compassion satisfaction helps combat compassion fatigue.⁴⁹⁸ More and more researchers are calling on medical agencies to provide emotional support for their employees.⁴⁹⁹ Based on this move toward company responsibility, this project will explore simple interventions that hospitals and hospices can provide for their staff. Some researchers believe that adding faith practices to the common self-care practices of a nutritious diet, physical exercise, and healthy sleep patterns can increase compassion satisfaction which in turn mitigates compassion fatigue.⁵⁰⁰ Hospitals and hospice agencies have their beginnings in the

⁴⁹³ Rydelink, "Psalms," 834-835.

⁴⁹⁴ Carson, "Matthew," 58.

⁴⁹⁵ Ibid.

⁴⁹⁶ Ibid.

⁴⁹⁷ Heath, "Resilience Strategies," 1364, 1365.

⁴⁹⁸ Steele, *Reducing Compassion Fatigue*, xvii; Frederick, "Burnout," 270.

⁴⁹⁹ Steele, *Reducing Compassion Fatigue*, xvii, 64.

⁵⁰⁰ Steele, *Reducing Compassion Fatigue*, xvii; Frederick, "Burnout," 270.

church and the theory for this project reaches back to these origins.⁵⁰¹ Combining the historical faith roots and the renewing study of faith practices in mental health undergirds this project. The spiritual interventions for the project will include contemplative exercises that facilitate self-reflection, connection with God, and creativity.

Historical Relationship of Hospice, Medicine, and Religion

Today's philanthropic medical and social organizations owe their existence to their roots in the Christian church.⁵⁰² Christian ministries and the practices of medicine, at one time, were interrelated, as Koenig explains that historically religion and healthcare were compatible, with religious orders building and maintaining the first hospitals.⁵⁰³

Starting with Jesus' healing ministry reported in the New Testament and continuing to modern times, the Christian movement has been involved with healing those suffering from illness.⁵⁰⁴ This connection was based on the Judeo-Christian concept of the *imago Dei* in Genesis 1:26-27, which values humanity for being created in God's image.⁵⁰⁵ The Roman pagan community assigned worth solely based on one's societal class with only those in the upper class deserving dignity.⁵⁰⁶ Conversely, Christian thought saw the intrinsic worth of all people because all people, Christian and non-Christian alike, were created in God's image.⁵⁰⁷ Philanthropy naturally grew out of the *imago Dei* because all persons deserved assistance.⁵⁰⁸

⁵⁰¹ Gary B. Ferngren, *Medicine and Health Care in Early Christianity*, (Baltimore: Johns Hopkins University Press, 2009), 94.

⁵⁰² Ferngren, *Medicine and Health*, 94.

⁵⁰³ Harold G. Koenig, "Religion, Spirituality, and Health: The Research and Clinical Implications," *ISRN Psychiatry* (2012): 1, accessed September 11, 2020, DOI:10.5402/2012/278730.

⁵⁰⁴ Ferngren, *Medicine and Health*, 64.

⁵⁰⁵ *Ibid.*, 97.

⁵⁰⁶ *Ibid.*, 95.

⁵⁰⁷ *Ibid.*, 97.

⁵⁰⁸ *Ibid.*, 104.

The Christian community further diverged from pagan and Gnostic thought by valuing the physical body as a good and valuable part of the whole person.⁵⁰⁹ While Gnostics considered the body to be a necessary evil, Christians valued the body because of Christ's incarnation.⁵¹⁰ The logical progression from an elevated view of the body led to ministries supporting bodily health.⁵¹¹ The Christian concept of agape love, a sacrificial love that serves others, further encouraged Christians to care for the sick.⁵¹²

This agape love was put to the test in A.D. 250 when the plague of Cyprian devastated the Roman Empire.⁵¹³ While the Roman government did not accept responsibility for caring for the sick and dying, the Christian church tended to Christians and pagans alike.⁵¹⁴ This type of Christian philanthropy continued into the mid-4th century when monasteries supported poorhouses and hostels to care for the poor and sick.⁵¹⁵ Around 370, Basil the Great founded, as a charitable ministry, the first hospital in Caesarea that provided in-patient services and outpatient care overseen by medical professionals.⁵¹⁶

Even into the 1800s, religious organizations such as the Quakers provided mental health support to communities.⁵¹⁷ Lutz notes that in 1879 the Irish Religious Sisters of Mercy started a hospice in Dublin, Ireland, that served thousands of patients.⁵¹⁸ More widely recognized, Cicely Saunders began the first 20th-century hospice in England.⁵¹⁹ Saunders

⁵⁰⁹ Ferngren, *Medicine and Health*, 102.

⁵¹⁰ *Ibid.*, 102.

⁵¹¹ *Ibid.*, 113.

⁵¹² *Ibid.*, 114.

⁵¹³ *Ibid.*, 115.

⁵¹⁴ *Ibid.*, 118.

⁵¹⁵ *Ibid.*, 124.

⁵¹⁶ *Ibid.*, 124.

⁵¹⁷ Koenig, "Religion," 2.

⁵¹⁸ Stephen Lutz, "The History of Hospice and Palliative Care," *Current Problems in Cancer* 35 no. 6 (November–December 2011): 304, accessed January 10, 2021, doi:10.1016/j.currproblcancer.2011.10.004.

⁵¹⁹ *Ibid.*, 305.

developed the concept of “total pain” that monitors physical pain, emotional discomfort, and spiritual unrest.⁵²⁰ Fitzgerald urges hospice providers to rediscover their religious origins and to provide pastoral support for staff, not just for the patients.⁵²¹

The Schism Between Medicine and Religion

The separation of church and medicine can be traced back to Sigmund Freud, who wrote about the hysterical effects of religion on mental health.⁵²² Throughout the 20th century, the skeptical stance of the psychiatric community toward the religious community became entrenched to the point that religious beliefs were largely ignored.⁵²³ Mattis agrees that the social sciences historically considered religious practice to be “escapist, illogical, and pathological responses to adversity and existential angst.”⁵²⁴ The psychiatric community’s view that religion was illogical and irrational correlated to their view that women were illogical and irrational, because women were more likely to participate in worship practices.⁵²⁵

While some professionals in the psychiatric community still cling to the anti-faith, Freudian stance from a hundred years ago, others in the medical community are reconsidering the protective factors that religion can provide.⁵²⁶

⁵²⁰ Lutz, “The History of Hospice, 305.

⁵²¹ Fitzgerald, “Renewing the Spirit of Hospice,” 6.

⁵²² Koenig, “Religion,” 2.

⁵²³ Ibid.

⁵²⁴ Jacqueline S. Mattis, “Religion and Spirituality in the Meaning-Making and Coping Experiences of African American Women: A Qualitative Analysis,” *Psychology of Women Quarterly* 26, no. 4 (December 2002): 310, accessed June 20, 2020, <https://doi.org/10.1111/1471-6402.t01-2-00070>.

⁵²⁵ Mattis, “Religion and Spirituality,” 310.

⁵²⁶ Koenig, “Religion,” 2.

Renewed Interest in Spiritual Interventions in Health

Researcher-interest in the relationship between religion and well-being is increasing, as reflected in a study by Harold Koenig.⁵²⁷ Koenig searched Medline and Google Scholar for scholarly articles about the effects of faith on health and found that beginning in 2000, there is a growing body of work totaling almost 8,000 articles.⁵²⁸ The results of Koenig's literature study show that religion and spirituality help people cope better with adversity and internal struggles.⁵²⁹ Koenig breaks the general idea of coping into specific areas, showing a positive correlation between religion and spirituality. In the areas that Koenig examined the correlations were as follows:

Coping with adversity—"In the overwhelming majority of studies, people reported that R/S was helpful."⁵³⁰

- Well-being and happiness—79% of results showed a positive correlation.⁵³¹
- Hope—73% of studies showed a positive relationship.⁵³²
- Meaning and purpose—93% of reports showed a positive association.⁵³³
- Altruism—70% of studies reflected a positive connection.⁵³⁴
- Substance abuse—90% of studies showed religion is a protective factor.⁵³⁵

⁵²⁷ Koenig, "Religion," 2.

⁵²⁸ Ibid.

⁵²⁹ Ibid., 4.

⁵³⁰ Ibid.

⁵³¹ Ibid.

⁵³² Ibid.

⁵³³ Ibid.

⁵³⁴ Ibid.

⁵³⁵ Ibid., 6.

Doram's findings on the spiritual climate in organizations support Koenig's conclusions. Doram writes that companies with positive, open spiritual climates see higher employee performance and higher job satisfaction ratings.⁵³⁶ Doram also reports that positive spiritual environments contribute to better teamwork and environmental safety scores, which he attributes to the employees feeling respected and valued.⁵³⁷

Thomas Plante explains that spiritual interventions such as prayer, meditation, and worship attendance improves mental health.⁵³⁸ Plante specifically prefers the use of the Ignatian spiritual reflection techniques of discovery, detachment, discernment, and direction.⁵³⁹ During the spiritual discovery phase, the participant makes an unbiased inventory of one's talents and gifts.⁵⁴⁰ Spiritual detachment means detaching oneself from the outside influences of friends or family and focusing on what one truly wants.⁵⁴¹ Discernment describes the process of considering all the possible actions and outcomes and choosing the one that feels like the best fit for the participant.⁵⁴² Direction is the action-oriented part of the process in which the participant takes practical steps to put their plan into place.⁵⁴³

National nursing organizations validate the need for spirituality in the workplace.⁵⁴⁴ Ricci-Allegra reports that the Hospice and Palliative Care Nurses Association issued a statement saying that it is essential for medical staff to be aware of the importance of their faith

⁵³⁶ Keith Doram, Whitney Chadwick, Joni Bokovoy, Jochen Profit, Janel D. Sexton, and J. B. Sexton, "Got Spirit? The Spiritual Climate Scale, Psychometric Properties, Benchmarking Data and Future Directions," *BMC Health Services Research* 17 (2017): 2, accessed September 11, 2020, DOI 10.1186/s12913-017-2050-5.

⁵³⁷ Ibid., 5.

⁵³⁸ Plante, "The 4 Ds," 75.

⁵³⁹ Ibid.

⁵⁴⁰ Ibid.

⁵⁴¹ Ibid., 76.

⁵⁴² Ibid., 77.

⁵⁴³ Ibid., 78.

⁵⁴⁴ Ricci-Allegra, "Spiritual Perspective," 172.

beliefs.⁵⁴⁵ She adds that for a nurse to engage the patient fully, one must nourish the soul and engage one's spirituality.⁵⁴⁶ Lysne and Wachholtz report that studies show a positive relationship of faith and religious participation and physical health.⁵⁴⁷ Similarly, in a study with over 1600 cancer patients, Brady found that patients with high spirituality scores also had higher quality of life scores.⁵⁴⁸

Spiritual Interventions

Based on research by Betty Ward Williams and Steele, this project will utilize the contemplative practices of Composition of Place, contemplative silence, Christian yoga, the Daily Examen/ACTS prayer, prayer journaling, and contemplative art. Contemplation is not a new concept, as it was practiced for centuries by Christian forefathers and mothers like Teresa of Avila, Augustine, and John of the Cross.⁵⁴⁹ St. Ignatius of Loyola also practiced contemplation and, because the Spanish-born priest started the Society of Jesus or the Jesuits (1534), his writings on contemplation and other practices became canonical to the Catholic community.⁵⁵⁰ Ignatian spirituality can be summed up with four key tenets: looking for God in all things, being both contemplative and active in the world, looking at the world through an

⁵⁴⁵ Ricci-Allegra, "Spiritual Perspective," 172.

⁵⁴⁶ Ibid., 173.

⁵⁴⁷ Carol J. Lysne, and Amy B. Wachholtz, "Pain, Spirituality, and Meaning Making: What Can We Learn from the Literature?" *Religions* 2, no. 1 (2011): 4, accessed May 2, 2021, <https://doi.org/10.3390/rel2010001>.

⁵⁴⁸ Ibid., 5.

⁵⁴⁹ Joseph Phuc Le, "Christian Tai Chi Meditation: Cultivating Awareness of God in All Things Through Ignatian and Taoist Practices" (DMin. Thesis, Claremont School of Theology, 1995), 12, accessed August 10, 2020, <https://www.proquest.com/docview/304241678/F1F01823448D481CPQ/1?accountid=12085>.

⁵⁵⁰ Martin, *The Jesuit Guide*, 16.

incarnational lens, and seeking detachment from the follies and distractions of life.⁵⁵¹ Ignatius warned against being more committed to a career than one is to life.⁵⁵²

The Ignatian prayer practice of Composition of Place integrates the imagination and prayer.⁵⁵³ The participant imagines a specific event from Scripture, such as Matthew 14:22-33 in which Jesus walks on the water. As the scene transpires, the believer imagines with all the senses: sight, hearing, touch, taste, smell.⁵⁵⁴ But the person does not merely watch what is happening; the participant becomes part of the scene, noticing certain people, making statements, and possibly even letting characters respond back.⁵⁵⁵ Martin explains that God can use a person's imagination as a means of Divine encounter.⁵⁵⁶ In this particular scriptural reflection, perhaps the participant would take the position of Peter walking on the water to Jesus. This reflection would allow the participant to talk to Jesus and for Jesus to speak to the participant through the imagination.

As ancient as Saint Augustine, silent contemplation is a form of prayer that requires practice.⁵⁵⁷ For Saint Ignatius, silence allowed him to quiet the noise and chaos of the world in order to hear God's voice.⁵⁵⁸ Castro Valdes explains that the practice of silence is surprisingly complex as one descends through the layers of silence to find deeper insights from God.⁵⁵⁹ Unlike the advice of many practitioners to quiet every thought that comes into the mind, Ignatius found that through his internal dialogue, God was able to speak to him.⁵⁶⁰ Whenever a

⁵⁵¹ Martin, *The Jesuit Guide*, 10.

⁵⁵² Ibid.

⁵⁵³ Ibid., 147.

⁵⁵⁴ Ibid.

⁵⁵⁵ Ibid., 150.

⁵⁵⁶ Ibid.

⁵⁵⁷ Garcia de Castro Valdes, "El Dios Silencioso," 185.

⁵⁵⁸ Ibid., 180.

⁵⁵⁹ Ibid., 186.

⁵⁶⁰ Ibid., 190.

thought came into his mind, he considered it a need for prayer; he prayed about the idea, then let it go.⁵⁶¹

These spiritual practices can be powerful techniques to help the participant not just make requests of God but to abide in God's presence.⁵⁶² The meaningful connection with God, even if brief, can bring peace and healing to the rest of the participant's life and work.⁵⁶³ Becoming aware of God's presence even for a short time during prayer will teach the participant to be aware of God's presence in everyday events.⁵⁶⁴ When one becomes aware of God's presence from moment to moment, one truly lives as a branch connected to the vine.⁵⁶⁵

⁵⁶¹ Garcia de Castro Valdes, "El Dios Silencioso," 190.

⁵⁶² Rohr, "What is Contemplative Prayer?"

⁵⁶³ Ibid.

⁵⁶⁴ Ibid.

⁵⁶⁵ Ibid.

Chapter 3

Methodology

This project utilized a combination of action learning and action-reflection models to explore the problem of compassion fatigue and then evaluate interventions to combat compassion fatigue. The action-reflection model is used in Clinical Pastoral Education and is cyclical.⁵⁶⁶ For this project, the learning coach presented a problem to be discussed, and then the group practiced the intervention for the problem.⁵⁶⁷ After experiencing the intervention, the group discussed the intervention's effectiveness and modified the intervention to fit their own preferences.⁵⁶⁸ The researcher acted as the learning coach and presented a framework of theories on which the interventions are based.⁵⁶⁹ While an action research project may include short-term activities, the trajectory of an action research project stretches over several months or years.⁵⁷⁰ This project started with a small group of participants in the first offering of sessions and will continue to offer the project sessions to future groups.

Intervention Design

Researchers theorize that interventions such as education on compassion fatigue, discussion on self-care, spiritual practices, and debriefing decrease the negative scores on compassion fatigue and burnout assessments and increase compassion satisfaction assessment

⁵⁶⁶ Isabel Rimanoczy, "Action Learning and Action Reflection Learning: Are They Different?" *Industrial and Commercial Training* 39, no. 5 (2007): 248, accessed September 19, 2020, <https://doi-org.ezproxy.liberty.edu/10.1108/00197850710761936>.

⁵⁶⁷ Rimanoczy, "Action Learning," 248.

⁵⁶⁸ Ibid.

⁵⁶⁹ Ibid.

⁵⁷⁰ Dawn Penney, and Bridget Leggett, "Connecting Initial Teacher Education and Continuing Professional Learning Through Action Research and Action Learning," *Action Learning: Research and Practice* 2, no. 2, (2005): 164, accessed November 26, 2021, DOI: 10.1080/14767330500206839.

scores.⁵⁷¹ The plan for each session included debriefing, education, an activity, and group discussion. This project used visual, auditory, and active-learning techniques to educate staff about compassion fatigue and prayer practices. Participants practiced the learned prayer concepts and reflected on the interventions. Each session included a video presentation, contemplative prayer exercise, focus group discussion about the exercise, and sharing breakfast together.

Designing a Program That Supports Learning

In designing the learning sessions for this project, it was important to engage the participants with several learning styles and meet their needs on different levels.⁵⁷² Penney suggests that presentations and activities should be engaging to hold the team's interest.⁵⁷³ The presentations used different mediums and techniques to present the information. Each session included a video, an informational handout for reading learners, a scientific explanation for why the intervention works, and finally a hands-on practice.⁵⁷⁴ The sessions used different learning techniques to encompass all the learning styles, auditory, visual, verbal, kinesthetic, logical, interpersonal, and intrapersonal.⁵⁷⁵ For auditory learners and visual learners the interventions were presented in video format.⁵⁷⁶ For verbal and experiential learners, the group talked about and practiced the interventions.⁵⁷⁷ Logical learners appreciated explanations about

⁵⁷¹ Alkema, "A Study of the Relationship," 105, 116.

⁵⁷² Penney, "Connecting Initial Teacher Education," 164.

⁵⁷³ Ibid.

⁵⁷⁴ Stacy Mantle, "The Seven Learning Styles," North Carolina State College, accessed November 10, 2021, https://ncstatecollege.edu/documents/StudentSrvcs/Tutoring/Student_Resources/the%20seven%20learning%20styles.pdf.

⁵⁷⁵ Ibid.

⁵⁷⁶ Ibid.

⁵⁷⁷ Ibid.

the scientific reasoning behind journaling, mandalas, and silent contemplation.⁵⁷⁸ Collaborative learners worked well in the group setting while individual learners took the exercises home and practiced on their own.⁵⁷⁹

Finally, each session provided for each of Maslow's hierarchy of needs, physiological, safety, belonging, self-esteem, self-actualization, and self-transcendence.⁵⁸⁰ The hierarchy of needs addresses the personal needs that motivate a person.⁵⁸¹ Physiological needs include the basic needs of food, and shelter.⁵⁸² The need for safety entails freedom from threat, fear, and violence plus the addition of order, and predictable routine.⁵⁸³ Love and belonging refers to a person's need to have others friendship and caring and can include having one's position in a group.⁵⁸⁴ Maintaining esteem describes a person's need for self-esteem and the respect of others.⁵⁸⁵ It includes the need for autonomy, acknowledgement, appreciation, and accomplishments.⁵⁸⁶ Self-actualization refers to following one's calling and doing what one was born to do.⁵⁸⁷

Eating breakfast contributed to physiological needs while having privacy in the safe space of the conference room provided the need for safety.⁵⁸⁸ Meeting as a group provided a sense of belonging and mastering the new prayer techniques aided self-esteem.⁵⁸⁹ The group

⁵⁷⁸ Mantle, "The Seven Learning Styles."

⁵⁷⁹ Ibid.

⁵⁸⁰ Henry J. Venter, "Self-Transcendence: Maslow's Answer to Cultural Closeness," *Journal of Innovation Management* 4, no. 4 (2016): 3, accessed June 28, 2021, <http://hdl.handle.net/102.16/102610>.

⁵⁸¹ Ibid.

⁵⁸² Ibid.

⁵⁸³ A. H. Maslow, "A Theory of Human Motivation," *The Psychological Review* 50, no. 4 (1943): 378.

⁵⁸⁴ Ibid., 381.

⁵⁸⁵ Ibid.

⁵⁸⁶ Ibid., 381-382.

⁵⁸⁷ Ibid., 382.

⁵⁸⁸ Ibid., 372, 378.

⁵⁸⁹ Ibid., 381.

often talked about their careers in hospice as a calling, thus meeting the need for self-actualization and self-transcendence came from the prayer and spirituality connection.⁵⁹⁰

Location and Timing

Because the project interventions required in-person interaction with multiple staff members, the project began when the Covid-19 restrictions allowed the staff to gather in one room. Per the CDC press release on March 8, 2021, Covid-19 restrictions changed and allowed fully vaccinated persons to gather in the same room without wearing masks if they maintained six-foot spacing.⁵⁹¹ This announcement allowed the project to begin on May 10, 2021. The project implementation provided one session lasting approximately one hour each week for a duration of eight weeks. The project sessions took place at St. Mary's Hospice House which has a conference room with a computer, projector, large table, and smartboard presentation screen.

The project leader worked as a chaplain at St. Mary's Hospice and the project participants were familiar with her. The researcher thought it was important to provide anonymity for the participants, so they felt comfortable giving honest answers on the assessments.

In the first session, the staff learned how a DMIN project operates, and that action research is a group process that values the staff's input as the group seeks a solution to the problem.⁵⁹² Interested staff members heard an overview of the project and an explanation of what compassion fatigue and burnout are. Each participant received printed material about

⁵⁹⁰ Venter, "Self-Transcendence," 3.

⁵⁹¹ Alkema, "A Study of the Relationship," 105, 116.

⁵⁹² Rimanoczy, "Action Learning," 248.

compassion fatigue and watched a video explaining compassion fatigue. The researcher offered a question-and-answer period to make sure everyone understood the scope of the project. Staff members who wanted to participate in the project received and signed consent forms.

Participants completed self-assessments including the Self-Compassion Scale by Kristen Neff, Spiritual Intelligence Self-Report Inventory by David King, the Perceived Stress Scale by Sheldon Cohen, and the ProQOL assessment.⁵⁹³ These assessments provided quantitative data scores to compare to post-intervention assessment scores at the end of the project.

The next six sessions provided education on the issue, practice of the interventions described later in the paper, and allowed feedback. The eighth session concluded the project with the research team taking the same assessments used at session one plus a questionnaire about their opinions about the project, and a group discussion about which interventions the participants found meaningful.

Promotion and Information

Posters, flyers, and emails informed the staff of the project and asked them to participate. The flyer listed the subject, combating compassion fatigue, and explained the purpose of the study. Staff in the possible participant pool received an email advertising the project. The researcher made weekly announcements at the team meetings leading up to the start of the study and sent weekly emails reminding participants about each week's meeting.

⁵⁹³ Neff, "Test How Self-Compassionate You Are," 251; King, "The Spiritual Intelligence Self-Report Inventory," 1; Cohen, *Perceived Stress Scale*, 5; Stamm, *The Concise ProQOL Manual 2010*, 26-27.

Approvals

The hospice manager, Petti-Jean Sheldon, approved the project, for an eight-week period and gave permission to use the conference room at the Hospice House. The researcher applied to the Institutional Review Board at Liberty University for permission to conduct the project and the Liberty University IRB approved the project on February 15, 2021. See Appendix 174 for the IRB approval.

Consents

Consent forms accompanied the recruitment emails sent to staff so staff could preview the consent form. In the first session, interested participants received paper copies of the Liberty University consent form to sign. The team asked questions about the project, and the researcher answered questions and verified understanding from the participants. Signed consent forms were collected and filed in a locked safe at the researcher's home. A copy of the consent form is included in Appendix A.

Preparations and Resources

Participants received breakfast from Chick-Fil-A at each session at a total cost of \$520.00 for the eight weeks including drinks and paper items such as plates, napkins, and cups. The researcher designed handouts and PowerPoint presentations for each session at a cost of approximately \$53.00. Finally, the participants each received a tote bag, a box of crayons, and a journal to use during the sessions for a cost of \$7 per person. The total cost of the program was \$643.

Implementation of the Intervention Design

Data Collection

The project used triangulation theory to allow for a strong cross-analysis of information from three types of data collection sources, including assessments, focus groups, and individual interviews. Quantitative assessments specifically designed by established researchers measured coping areas related to compassion fatigue and resiliency. The project received permission for the reproduction of the Self-Compassion Scale from Dr. Kristen Neff and permission from Dr. Sheldon Cohen to reproduce his Perceived Stress Scale. The Center on Trauma and Children gave permission to use their ProQOL assessment tool from ProQOL.org. Dr. David King permitted the use of his Spiritual Intelligence Self-Report Inventory tool.

Qualitative measures included individual questionnaires and group discussions with each session ending with a focus group interview so that notes could be taken on participants' responses. Additionally, the sessions were audio-recorded to provide precise documentation of repeated themes and comments. The questionnaire included questions about the parts of the project that staff found most helpful as well as parts that did not appeal to them. This combination of data collection ensured that the project is based on reliable data. The qualitative data was categorized and coded according to themes that emerged from the focus groups and interviews.

The quantitative data was analyzed by a paired, one tail T-test to measure improvement between the pre-intervention assessments and the post-intervention assessments.⁵⁹⁴ The data from the T-test was compared to the focus group data and the questionnaire responses. For the

⁵⁹⁴ Gary Bredfeldt, "What is a T-Test?" Liberty University, accessed September 20, 2020, https://learn.liberty.edu/webapps/blackboard/content/listContent.jsp?course_id=_668157_1&content_id=_42128035_1.

qualitative data collected from the focus groups and questionnaires, the researcher used categorizing, and coding to identify emerging themes.

Currently, St. Mary's Hospice does not provide care interventions for staff; therefore, the quantitative assessments compared the coping scores from the first session and the coping scores from the last session within the same group of participants.⁵⁹⁵ The researcher utilized focus group feedback before and after interventions to compare participant responses and identify improvement or lack of improvement.

The goal of the sessions was to present and practice different spiritual interventions with the staff and gauge their usefulness in building resiliency and combating compassion fatigue. The team learned about different spiritual practices, including silent meditation, composition of place, Christian yoga, prayer journaling, mandala drawing, and A.C.T.S. style/Examen prayer then each session allowed feedback and debriefing.

The researcher hypothesized that improving a person's self-assessment skills, self-reflection skills, and spirituality through a combination of activities would also empower the members to develop spiritual practices that they continue after the project concludes. It was hoped that by practicing the spirituality activities, the staff would discover practices they enjoyed and can continue after the project concludes. The following eight-week plan explains the framework for the project.

Project Weekly Session Topics

The first week focused on explaining what a DMIN project is and how action research works. Action Research is the concept that the researcher and the participants work on a

⁵⁹⁵ Bredfeldt, "What is a T-Test?"

problem or issue together, as the participants are the experts on their own needs and practices.⁵⁹⁶ Next the group discussed the consent form and signed the form. All the attendees wanted to participate.

The participants completed four different assessments, the ProQOL, Spiritual Intelligence Self-Report Inventory, the Self-Compassion Scale by Kristen Neff, and the Perceived Stress Scale. The ProQOL assessment has three sections that analyze compassion satisfaction, burnout, and secondary traumatic stress.⁵⁹⁷ The ProQOL questions are ranked by a five-point scale with a score of 1 for never to a score of 5 for very often.⁵⁹⁸ A copy of the ProQOL can be reviewed in Appendix B. The Spiritual Intelligence Self-Report Inventory does not evaluate a person's religiosity but measures one's sensitivity to transcendence aspects of life and connection to one's purpose.⁵⁹⁹ The Spiritual Intelligence Self-Report Inventory can be found in Appendix D. The Self-Compassion Scale measures a person's tendencies toward self-kindness, self-judgment, connection to shared humanity, feelings of isolation, and mindfulness and is scored on a five-point scale with 1=always never and 5=almost always.⁶⁰⁰ A copy of the Self-Compassion Scale is included in Appendix E. Lastly, the Perceived Stress Scale measures stress by assessing how in control of life a person feels and how easily irritated they are.⁶⁰¹ The Perceived Stress Scale is found in Appendix C.

The assessments were anonymous as each participant used a unique secret code to identify their assessments. The researcher passed out blank envelopes with ID codes in them. These envelopes were completely random, and the staff chose any envelope they liked. The

⁵⁹⁶ Dennis T. Stringer, *Action Research*, Fourth edition (Los Angeles: Sage Publications, 2007), 37.

⁵⁹⁷ Stamm, *The Concise ProQOL Manual*, 9.

⁵⁹⁸ Ibid.

⁵⁹⁹ King, "A Viable Model," 68.

⁶⁰⁰ Neff, "Test How Self-Compassionate You Are," 2

⁶⁰¹ Petti-Jeanne Sheldon, Athens, April 8, 2021.

participant opened the envelope and wrote the ID code on the assessment. The staff did not write their names, or any other information at the top of their pages. The participants put the code back in the envelopes, sealed the envelope, wrote their names on the envelopes, and passed the envelopes back to the researcher. The project facilitator did not open the envelopes and stored the envelopes securely until the last session. At the last session, the facilitator passed the envelopes back to the participants so they could write their codes on the second assessment. The participants kept their codes and envelopes after the project finished. It was important to complete the assessments before the group watched the video presentations so that the videos did not influence their answers.

After completing the assessments, the group viewed two videos, “Drowning in Empathy: The Cost of Vicarious Trauma” by Amy Cunningham, and “Compassion Fatigue, Secondary PTSD, Vicarious PTSD, Differences” by Frank Ochburg.⁶⁰² The group discussed the videos and talked about compassion fatigue.

The session for week two involved a review of compassion fatigue and an introduction of this session’s topic, prayer journaling. This type of journaling is not just recording what happened each day but follows prompts to help one reflect on under-lying issues.⁶⁰³ The attendees viewed and discussed the video, “How to Journal to Help Process Your Emotions” by Yvette Aloe.⁶⁰⁴ To aid in self-reflection, the staff received three reflection tools, the Feelings Wheel by Gloria Wilcox, the Emotion Sensation Wheel by Lindsay Braman, and a

⁶⁰² Amy Cunningham, “Drowning in Empathy: The Cost of Vicarious Trauma,” YouTube, April 15, 2016, accessed May 30, 2021, <https://youtu.be/ZsaorjIo1Yc>; Frank Ochburg, “Compassion Fatigue, Secondary Trauma.”

⁶⁰³ Brian Duffy, “The Road to Clarity,” 16.

⁶⁰⁴ Yvette Aloe, “How to Journal to Help Process Your Emotions,” YouTube, September 3, 2020, accessed October 8, 2020, <https://www.youtube.com/watch?v=jMFeV--W0fg>.

Prayer Prompt handout.⁶⁰⁵ Therapist Gloria Willcox developed The Feelings Wheel to aid marriage counseling clients.⁶⁰⁶ The wheel lists difficult to describe emotions on the outer ring of the wheel which connect to the core feelings at the center of the wheel.⁶⁰⁷ The Emotion Sensation Wheel is similar to the Feelings Wheel but lists the physical sensations that a person feels and allows the person to connect the sensation to the emotion.⁶⁰⁸ The group also received a prayer prompt tool that helps them make an account of the different issues that may be bothering them. The researcher designed the prayer prompt tool, and it can be found in Appendix I. The group practiced the prayer journaling activity, using the reflection tools then discussed the activity.

The third week focused on an art intervention to help the participants reflect and work through their feelings. The group watched and discussed a YouTube video by Samm Starr, “Emotion Mandala.”⁶⁰⁹ Members of the group each received a box of crayons to use with the journal they received in the second session. After some instructions, the group practiced the art exercise and discussed it. Drawing the mandala consists of taking a few minutes of silence to collect one’s thoughts, then starting by drawing a circle.⁶¹⁰ The person intuitively chooses a crayon color and draws whatever design that comes to mind.⁶¹¹ For some participants in the compassion fatigue group, dull colors represented stress (figure 3.2) and for others bright

⁶⁰⁵ Lindsay Braman, “Emotion Sensation Wheel Handout,” LindsayBraman.com, March 29, 2020, accessed March 10, 2021, <https://lindsaybraman.com/emotion-sensation-feeling-wheel/>.

⁶⁰⁶ Memorial Park Funeral Home, “Obituary for Gloria Willcox,” accessed March 1, 2022, <https://www.memorialparkfuneralhome.com/obituaries/Gloria-Willcox/#!/Obituary>.

⁶⁰⁷ Dominique Michelle Astorino, “How to Identify Your Feelings with a Wheel of Emotions — and Why You Should,” Shape.com, October 27, 2020, accessed March 1, 2021, <https://www.shape.com/lifestyle/mind-and-body/wheel-of-emotions>.

⁶⁰⁸ Braman, “Emotion Sensation Wheel Handout.”

⁶⁰⁹ Samm Starr, “Emotion Mandala,” YouTube, Creative Alchemist, April 1, 2020, accessed October 7, 2020, <https://www.youtube.com/watch?v=IUI7vH5Ibpo>.

⁶¹⁰ Ibid.

⁶¹¹ Ibid.

colors expressed anxiety (figure 3.5). Some participants used the mandalas for self-compassion and positive self-talk as seen in figures 3.3 and 3.4. The participant drawing the self-compassion mandala used a combination of words and designs to create the mandala.



Figure 3.1. Mandala-Diamonds



Figure 3.2. Tired Back Sore



Figure 3.3. Abundance Tree



Figure 3.4. Bloom

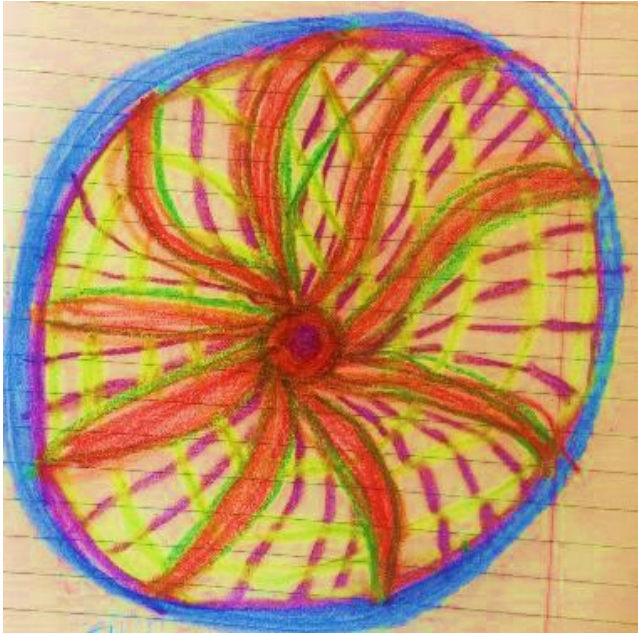


Figure 3.5. Overwhelmed



Figure 3.6. Green/Orange

Week four began with an overview of the last week's topic, Prayer Mandalas, followed by two YouTube videos on The Daily Examen and ACTS Prayer, "An Easy Way to Do a Daily Examen" by Fr. Mark-Mary, and "A. C. T. S. Model of Prayer" by God Calls Me Beloved.⁶¹² The group received handouts on the two prayer models as seen on page 164 in the appendix. After receiving handouts for the ACTS prayer and the 4x5 Examen, the group practiced the prayer technique.

The next week, session five, opened with a discussion on last week's topic of ACTS prayer and the Examen. The group watched and discussed two videos on silent meditation, "How Centering Prayer Heals Your Mind, Body, and Spirit" by Pringle Franklin, and "Guided Session of Centering Prayer" by Pringle Franklin and Fr. Nicolas Amato.⁶¹³ The group practiced the silent meditation exercise for five minutes then discussed their thoughts about it.

The sixth session began with a reminder of the previous week's topic of silent contemplation. This week focused on Composition of Place guided imagery with Scripture. The group watched and discussed the video "Ignatian Contemplation" by James Martin then listened to the Scripture, Luke 5:17-26.⁶¹⁴ After imagining the story in their minds, the group discussed the activity.

During the seventh session, the group reviewed the previous week's prayer practice, Composition of Place guided imagery, then watched, "Holy Yoga Breath Meditation" by

⁶¹² Father Mark-Mary, "An Easy Way to Do a Daily Examen," YouTube, January 11, 2018, *Ascension Presents*, accessed January 30, 2019, <https://youtu.be/FUcoHAqOFRs>; "A.C.T.S. Model of Prayer," Visha at God Calls Me Beloved, March 10, 2017, YouTube, accessed October 10, 2020, <https://www.youtube.com/watch?v=b-DWndyjrFk>.

⁶¹³ Pringle Franklin, "How Centering Prayer Heals Your Mind"; Pringle Franklin, and Father Nicolas Amato, "Guided Session of Centering Prayer," YouTube, January 30, 2019, accessed September 20, 2020, <https://youtu.be/lhPfU2yJ2II>.

⁶¹⁴ James Martin, "Ignatian Contemplation," *The Jesuit Review*, April 30, 2014, accessed April 2, 2021, www.youtube.com/watch?v=Cw1ZXdBtCug.

Caitlyn Lore.⁶¹⁵ The group practiced the yoga prayer model as they watched the video then discussed how the exercise felt.

The last week's session concluded the project with the participants taking the assessments a second time. After completing the assessments, the group completed the questionnaire about the project. The group discussed their thoughts on the eight weeks of interventions and which practices seemed the most helpful to them. The participants reflected on the work that they do and ways to nurture themselves so they can continue their work. While group members reported that some of the spiritual interventions felt awkward at first, the participants adapted the interventions into practices that work for each person. For instance, one participant is not religious but adjusted the mandala, journaling, and silent contemplation to fit her beliefs.

⁶¹⁵ Caitlyn Lore, "Holy Yoga Breath Meditation," YouTube, November 17, 2016, accessed October 10, 2020, https://www.youtube.com/watch?v=U_LFcjtZFS8.

Chapter 4

Results

Action research provided the foundation for this project as the researcher identified the problem of compassion fatigue in hospice staff and hypothesized that using pastoral care interventions could alleviate stress and burnout while building resiliency and compassion satisfaction. During the project, participants learned about compassion fatigue and prayer practices including prayer journaling, prayer mandalas, silent contemplation, composition of place (guided Scripture imagery), Christian yoga, and the Daily Examen/ACTS prayer. At the end of the eight-week project raw scores collected from pre-project and post-project assessments reflected improvement in four out of six areas (self-compassion, spiritual intelligence, burnout, and stress) leaving the areas of compassion satisfaction and compassion fatigue in need of improvement. Overall, the participants rated the project a success as they felt more grounded and connected to themselves and each other. This project was a good first step in developing the structure and content for an on-going compassion fatigue mitigation program.

The design of the project touched on each of Maslow's hierarchy of needs, physiological, safety, belonging, esteem, and self-actualization.⁶¹⁶ Additionally, the sessions addressed the need for self-transcendence, being connected to something or someone greater than oneself and finding one's purpose in the world.⁶¹⁷ The researcher thought it was important to satisfy basic needs so that the participants could focus on the prayer interventions, and fully engage with the project. Physiological needs were met by providing breakfast for the

⁶¹⁶ Maslow, "A Theory of Human Motivation," 394.

⁶¹⁷ Venter, "Self-Transcendence," 3-4.

participants.⁶¹⁸ The need for safety was addressed by entering the safe space of the conference room and insuring anonymity when answering the assessments and the questionnaire.⁶¹⁹ Group members discovered love and belonging as the group formed bonds of friendship and community.⁶²⁰ Learning new skills created self-esteem as members mastered new techniques.⁶²¹ Participants achieved self-actualization as they discussed their purpose and calling in life as nurses and chaplains.⁶²² Prayer and meditation helped members connect at a deeper level with themselves, God, and the world at large, fulfilling the need for self-transcendence.⁶²³

This project ran for eight weeks, the length of time that hospice administrators could dedicate because of the ongoing COVID-19 pandemic.⁶²⁴ Action research works best over an extended period and this project would benefit by being replicated over a longer time frame of six months.⁶²⁵ This study acted as pilot program to demonstrate to administrators that a colleague support program can be successful. Because of positive feedback from the participants to the administrators, a monthly debriefing session will start in spring 2022 as well as a second presentation of the compassion fatigue project.

A convenience sample of six staff members participated in the eight-week study as a team of co-researchers. The team learned that action research is a collaborative effort to find solutions to an issue while using an action reflection model to process interventions.⁶²⁶ This

⁶¹⁸ Maslow, "A Theory of Human Motivation," 372, 378.

⁶¹⁹ Ibid., 372, 378.

⁶²⁰ Ibid., 379.

⁶²¹ Ibid., 381-382.

⁶²² Ibid., 382.

⁶²³ Venter, "Self-Transcendence," 3-4.

⁶²⁴ Petti-Jeanne Sheldon, Athens, April 8, 2021.

⁶²⁵ Penney, "Connecting Initial Teacher Education," 164.

⁶²⁶ Ibid., 154.

project differed from other research projects as the participants were not having interventions imposed on them but were presented with practices that each person could adjust to fit their own needs and beliefs.⁶²⁷ Penney notes that a common obstacle for researchers is thinking of others as the experts and not valuing one's own expertise in problem-solving.⁶²⁸ This project empowered the participants to use their own knowledge and experiences to work on the problem of compassion fatigue.⁶²⁹

Another key point of action research includes valuing the “process” over the “product” because collaboration empowers the individual team members.⁶³⁰ According to Penney, “Action learning rests on trusting ourselves to resolve our own problems and create our own opportunities.”⁶³¹ Because action research does not intend to force concepts onto the participants, this researcher presented the pastoral care interventions from a Christian perspective but also explained how the practices could be modified to other faith traditions or secular viewpoints. Participants reported feeling respected and not coerced into Christian practices. While many research projects are based on quantitative, deductive reasoning, this project used inductive reasoning with both quantitative and qualitative information to understand the processes at work.⁶³²

Before considering the overall results of the project, it is important to discuss the small sample size for the project. Originally, the project consisted of ten participants, but over the eight weeks two members had to drop out due to scheduling conflicts. Additionally, another

⁶²⁷ Penney, “Connecting Initial Teacher Education,” 158.

⁶²⁸ Ibid., 158.

⁶²⁹ Ibid., 158.

⁶³⁰ Penney, “Connecting Initial Teacher Education,” 159.

⁶³¹ Ibid., 159.

⁶³² Carol Rivas, “An Introduction to Reasoning in Qualitative and Quantitative Research,” London, SAGE Research Methods Video Publications Ltd, 2017, DOI: 10.4135/9781473992269; Penney, “Connecting Initial Teacher Education,” 160.

two participants' anonymous post-project assessments did not have their identification codes on the forms so they could not be matched back up with their coordinating pre-project assessments and were not included in the data, therefore, the final sample size for the student's t-test was N=6. Normally, six participants would be considered too small a sample on which to make recommendations however, research by de Winter suggests that very small sample sizes can produce accurate results, although he recommends caution when using small sample sizes of psycho-social data.⁶³³ To offset the risk of error, the project utilized a triangulation of third-party assessments, audio recordings of the focus group sessions to detect common themes, and a participant questionnaire designed by the researcher to provide cross verification of the results. The data from the assessments provided mixed results but overall themes were consistent between the three collection techniques.

The original group of participants included eight European Americans and two African Americans. These ten people included eight women and two men. The final group at the end of the eight-week period included two African American women, five European American women, and one European American man. This group consisted of eight nurses and two chaplains, with no social workers taking part. Certified nursing assistants were not invited to participate because administration felt that staffing could not support the CNAs' time away from the field.

⁶³³ J.C.F. de Winter, "Using the Student's T-Test with Extremely Small Sample Sizes," *Practical Assessment, Research and Evaluation: Practical Assessment, Research and Evaluation* 18, no. 10 (2013): 2, 7, accessed October 10, 2021, DOI: <https://doi.org/10.7275/e4r6-dj05>.

Questionnaire Results

At the end of the eight-week project, the participants took an anonymous survey written by this researcher about their thoughts on the helpfulness of the project sessions. The project questionnaires from the two participants with the unmatched assessments were used because the project assessment can stand alone giving a total of eight project questionnaires. The assessment results and the questionnaire results were compared with the audio recordings from each of the project sessions and provided a cohesive picture of the response to the project.

The questionnaire contained eleven yes or no questions with room for staff to write additional comments. The participants did not write any identifying information on the questionnaires. As seen in the following chart, the responses were mostly positive, and the negative comments will further direct which activities can be used in future support groups.

The questions focused on which activities participants think were the most beneficial. The first five questions focused on the elements of the sessions, like sharing a meal, debriefing, learning something new, and getting to know other staff members. The last six questions rated each of the prayer practices including, silent contemplation, drawing mandalas, journaling, Christian yoga, ACTS/Daily Examen, and Scripture guided imagery/composition of place.

The participant comments on the anonymous project questionnaire showed strong support for the compassion fatigue resiliency project as 100% of the attendees reported feeling that sessions helped them cope better. Some of the interventions had unanimous positive feedback, such as sharing a meal, debriefing, learning new skills, getting to know other staff members, drawing prayer mandalas, and prayer journaling.

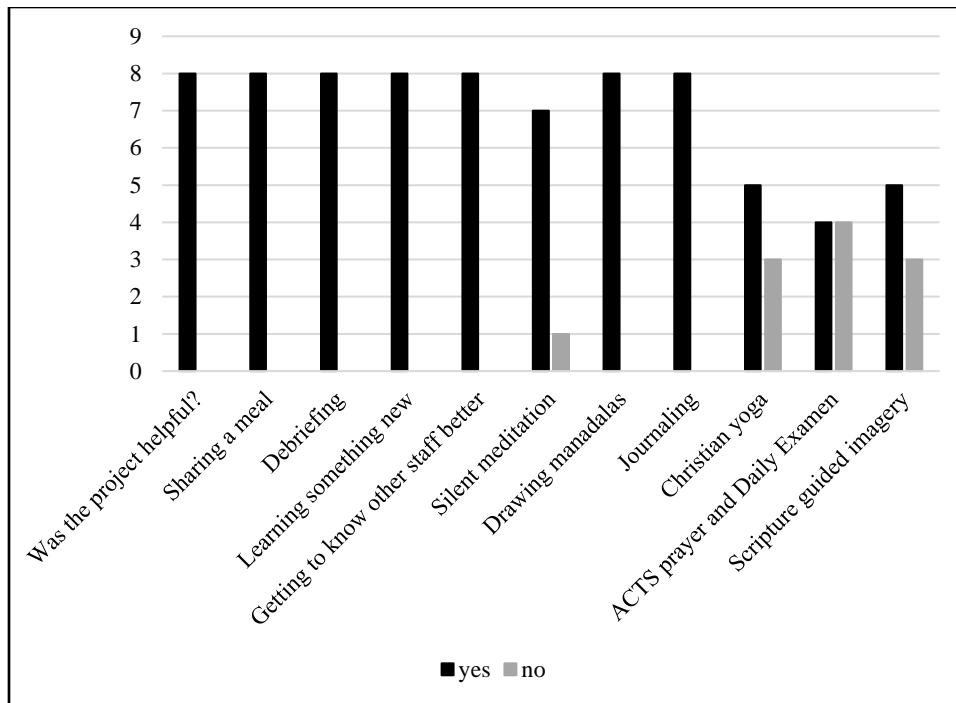


Figure 4.1. Respondents' questionnaire results, which interventions were helpful?

While sharing a meal ranked 100% approval, participants commented that having breakfast was not necessary. Staff enjoyed eating together but said that omitting the meal would not prevent them from attending future sessions. Staff rated debriefing highly and commented that it was helpful to voice frustrations and hear other staff members' struggles. Learning new skills was important to the participants and comments suggested that each person attended the sessions because they wanted to learn skills to cope with their stress and fatigue. Making new relationships with staff members rated highly and employees reported satisfaction at building bonds with their peers. Having these relationships made the staff feel more connected to one another even when they were not present in the same room.

All the participants reported that journaling and drawing mandalas helped them process their emotions and thoughts. Journaling was the most familiar of the practices and took the least explanation. All participants gave drawing mandalas high marks and considered it one of

the top two practices. The male participants reported that they were skeptical when presented with a box of crayons but were surprised at how useful the mandala technique was. Members commented that doing something creative helped them relax and reflect on their feelings. One nurse reported that even when she does not have crayons and paper, she can mentally draw mandalas in her mind to calm herself.

All but one participant reported that silent meditation helped them quiet their minds and center themselves, giving meditation an 88% positive rating. The other interventions such as Christian yoga, ACTS prayer/Daily Examen, and Scripture guided imagery appeared less helpful with Christian yoga receiving 62% positive feedback, the ACTS/Daily Examen receiving 50% positive feedback, and Scripture guided imagery receiving 62% positive.

Themes From Session Audio Recordings

During the discussions at project sessions, various themes arose among the participants. All the participating staff reported feeling like they did not have time to attend the self-care sessions, but they made the deliberate choice to join the project because they felt themselves becoming overwhelmed by stressors. Research by Hotchkiss supports this finding as his research respondents reported that they viewed self-care as just “another task to complete.”⁶³⁴ This study’s participants consistently discussed the stressors of meeting the hectic hospice schedule with patient admissions, death pronouncements, and routine patient visits.⁶³⁵

Another theme for staff members was the helplessness they feel when they cannot heal the patient. Discussed in this paper as moral injury, the participants agreed that even though they intellectually know that hospice patients die, it still caused a small but cumulative sense of

⁶³⁴ Hotchkiss, “Factors Predicting Burnout,” 89.

⁶³⁵ St. Mary’s Hospice Compassion Fatigue Project focus group.

professional failure when they lost a patient.⁶³⁶ The participants discussed how one death can be absorbed emotionally but the constant barrage of death over many years builds up in one's psyche. Complicating factors for moral injury described by staff were the death of a juvenile patient or not being able to control pain symptoms during the dying process. Nurses reported that keeping the patient comfortable was their primary goal and that when medical interventions were not effective, it caused a sense of failure.

Often, staff members reported feeling like they were isolated in the field, particularly since the team was forced to meet virtually for meetings because of COVID-19 protocols. Staff reported that meeting in person gave the team members a feeling of connectedness and camaraderie. Participants reported that the project group sessions improved work relationships among themselves in the field, with better communication and reliance on one another. These findings agree with data reported by Balinbin, that coworker relationships contributed to compassion satisfaction and mitigated burnout and stress.⁶³⁷ Since the group ended, participants have commented that they miss having that support during the week to keep them centered and motivated for the remainder of the week. All project members expressed that ongoing compassion fatigue sessions and debriefing would be helpful.

Participants unanimously agreed on the usefulness of other aspects of the group sessions, such as learning something new and debriefing. Group members said that each week they looked forward to learning new skills and that these activities gave them a sense of accomplishment. Debriefing allowed the team to discuss difficult patients and situations and

⁶³⁶ Hines, "Trends in Moral Injury," 2.

⁶³⁷ Chanel Bjanca V. Balinbin, Krystina Trizia R. Batlatbat, Alyssa Nicolette B. Balayan, Maria Isabel C. Balcueva, Mary Grace B. Balicat, Thea Arabelle S. Balidoy, John Rey B. Macindo, Gian Carlo S. Torres, "Occupational Determinants of Compassion Satisfaction and Compassion Fatigue Among Filipino Registered Nurses," *Journal of Clinical Nursing* 29 (2020): 960-961, accessed November 26, 2021, DOI: 10.1111/jocn.15163.

process their feelings together. Debriefing with the team allowed the members to encourage and validate each other.

All the members reported using their journals during the week and finding it helpful for processing their thoughts. Participants reported using journaling primarily in the morning or at night. Those who journaled in the morning explained that it helped them focus on their day and center themselves so that they handled issues better during the day. Those who journaled at night said it helped them process their feelings from the day. Journaling validated their successes from the day and helped them reflect on their purpose.

Another common theme was the enjoyment of drawing the mandalas. While group members had heard of art therapy, no one was familiar with this technique. Some people drew mandalas to work through strong emotions such as an argument with a spouse or the death of a patient with harsh or muted colors and jagged lines (figures 3.2, 3.5). Some participants used the mandalas to lift their moods by drawing a pleasing design (figures 3.1, 3.3, 3.4). All the participants reported that just the act of drawing was relaxing. One person used mandalas when she arrived home after work by staying in the car to draw her mandala then proceeding into the house with a fresh attitude. Another person used mandalas to relax before bedtime by drawing the mandala and adding words or phrases to it. One staff member explained that if she does not have her crayons with her, she can draw a mandala in her mind to calm herself. One participant reported that after this project, he used the mandala exercise with a physical therapy patient who had high anxiety and the patient had good results.

The researcher expected silent meditation to be the most difficult technique for staff to grasp but surprisingly, most of the participants reported enjoying the silence and the calm of the technique. All but one participant found silent meditation helpful. That staff member

reported that she has anxiety and attention deficit disorder so being quiet and still is very difficult for her. One respondent said that just five minutes of silent meditation in the morning helps her focus for her day and if she becomes overwhelmed during the day, another meditation session helps her organize her thoughts and tasks.

The less popular interventions were the Scripture guided imagery and the Christian yoga, because those techniques required a second participant to read the Scripture and lead the activity, making it less flexible. The frequent comment was that the guided imagery and yoga were relaxing if a facilitator led the exercise, but the participants could not use it by themselves. The comments about the ACTS prayer/Daily Examen, indicated that it seemed too mechanical and unwieldy. Most of the participants self-described as Christians with only one participant self-reporting as non-Christian. Most people felt it was easier just to pray from their hearts than to go down the list of items on the ACTS and Examen list. Another unpopular feature of the ACTS and Examen prayers was the reflection on and confession of one's sins. The confession piece made some people uncomfortable while for the non-Christian, confession was a moot point.

Because hospice staff are always on the go during the day, participants wanted techniques that they could do anywhere and whenever time permitted. Journaling, drawing mandalas, and silent contemplation were the most portable exercises which participants said they could most easily use. Future compassion fatigue project presentations will feature the interventions of prayer journaling, prayer mandalas, and silent meditation with an extended focus of at least three weeks on each practice. The practices of ACTS/Daily Examen and guided Scripture imagery will not be repeated in future sessions based on participant feedback.

Scoring the Assessments

The assessments for the project were chosen to measure aspects that contribute to resiliency like self-compassion, spirituality, and sense of purpose as well as the symptoms that may indicate compassion fatigue such as, a lack of transcendence, self-criticism, and stress.⁶³⁸ These assessments included Kristen Neff's Self-Compassion Short Form, Beth Hudnall Stamm's Professional Quality of Life Compassion Satisfaction, Burnout, and Compassion Fatigue Assessment (ProQOL), Sheldon Cohen's Perceived Stress Scale, and David King's Spiritual Intelligence Self-Report Inventory.⁶³⁹ Neff's assessment measures a person's compassion toward oneself and asks questions to determine the level of criticism or understanding with which a person views oneself.⁶⁴⁰ The Neff assessment scoring ranges from a low of one to a high of five points with a higher score indicating more self-compassion.⁶⁴¹

Stamm's ProQOL assessment measures both the professional satisfaction one receives from helping others and symptoms that may indicate compassion fatigue.⁶⁴² Burnout and Secondary Traumatic Stress are the two components of compassion fatigue that are measured by the ProQOL.⁶⁴³ Stamm cautions that the ProQOL is a screening tool and should not be used for diagnostic purposes.⁶⁴⁴ For the compassion satisfaction portion of the ProQOL assessment, scores between zero and 22 points indicate low satisfaction.⁶⁴⁵ Scores between 23 points and 41 points indicate moderate satisfaction, while scores over 42 points reflect higher reward from

⁶³⁸ Houck, "Helping Nurses Cope," 7; Zeidner, "Personal Factors Related to Compassion Fatigue," 597.

⁶³⁹ Neff, "Test How Self-Compassionate You Are," 2; Stamm, *The Precise ProQOL Manual*, 15; Cohen, *Perceived Stress Scale*, 4 ; King, *The Spiritual Intelligence Self-Report*, 68.

⁶⁴⁰ Neff, "Test How Self-Compassionate You Are," 3.

⁶⁴¹ Ibid.

⁶⁴² Stamm, *The Concise ProQOL Manual 2010*, 21.

⁶⁴³ Ibid.

⁶⁴⁴ Ibid., 18.

⁶⁴⁵ Ibid., 17.

one's work.⁶⁴⁶ The ProQOL burnout measurement scale has a reverse point scale in which lower scores indicate better coping.⁶⁴⁷ Point ranges from zero points to 22 points show low burnout risk, point ranges from 23 points to 41 points reflect moderate burnout risk, and scores over 42 points may demonstrate high risk for burnout.⁶⁴⁸ The ProQOL Secondary Traumatic Stress scale measures the effects that exposure to secondary trauma at work is having on the caregiver.⁶⁴⁹ This section has a point range from 0-50, with a score over 41 suggesting possible secondary traumatic stress.⁶⁵⁰

King's Spiritual Intelligence Self-Report Inventory does not measure religiosity but does measure key spiritual components that help a person find meaning in life.⁶⁵¹ King's Inventory discerns one's "capacities of critical existential thinking, personal meaning production, transcendental awareness, and conscious state expansion."⁶⁵² For the Spiritual Intelligence Inventory, the score range is zero to 96 points with higher scores indicating higher spirituality.⁶⁵³

Finally, Cohen's Perceived Stress Scale measures the degree to which a person feels in control of life events.⁶⁵⁴ The assessment has ten questions, each assigned between zero and four points.⁶⁵⁵ Lower scores represent less stress while higher scores reflect more stress, with the highest stress score topping out at forty points.⁶⁵⁶ Cohen reports that higher perceived stress

⁶⁴⁶ Stamm, *The Concise ProQOL Manual 2010*, 17.

⁶⁴⁷ Ibid., 29.

⁶⁴⁸ Ibid.

⁶⁴⁹ Ibid., 28.

⁶⁵⁰ Ibid., 30.

⁶⁵¹ King, "A Viable Model," 68.

⁶⁵² Ibid.

⁶⁵³ Ibid.

⁶⁵⁴ Cohen, *Perceived Stress Scale*, 4.

⁶⁵⁵ Ibid., 5.

⁶⁵⁶ Ibid., 4.

scores correlated with more health issues such as the inability to quit smoking, uncontrolled blood glucose levels in diabetics, and even increased viral infections.⁶⁵⁷

These four assessments used together formulate a picture of each participant's coping levels before the project started and then after the project concluded. Each of the assessments in the chart below are positively scored so that a higher score at the eight-week mark shows improvement.

Assessment Raw Scores

In the area of self-compassion, all participants had an increase in self-compassion scores. With a scoring range of 1-5, all but two of the pre-project scores fell in the upper half of scores. On the post-project assessment all the scores fell in the upper half of the point range. Self-compassion describes the larger picture of how a person responds to their weaknesses and understands oneself as a member in the greater human condition.⁶⁵⁸

Table 4.1. Raw scores for the six participants on positively scored assessments

	Self-Compassion Scale by Neff		Spiritual Intelligence Self-Report Inventory		ProQOL Compassion Satisfaction	
	week 1	week 8	week 1	week 8	week 1	week 8
participant 1	3.25	3.5	83	85	44	47
participant 2	2.0	3.9	81	93	41	46
participant 3	4.1	4.4	68	84	48	49
participant 4	2.6	3.3	71	78	31	41
participant 5	3.9	4.25	70	73	43	42
participant 6	2.5	3.1	65	81	38	41

⁶⁵⁷ Cohen, *Perceived Stress Scale*, 4.

⁶⁵⁸ Nadeau, "Improving Women's Self-Compassion," 47.

The Spiritual Intelligence Inventory has a scoring range of 0-96 points.⁶⁵⁹ Beginning scores for Spiritual Intelligence were high with all participants, starting in the top half (above 48 points) of the pre-project Spiritual Intelligence scores. The post-project scores for all the participants fell in the top half of the spiritual intelligence scoring and spiritual intelligence increased for all the participants. Participants 3 and 6 showed the highest change in scoring with a 16-point increase in spiritual intelligence.

Compassion satisfaction scores increased for all participants except for person 5, who had a negative 1-point change. Participant 1 had a three-point increase in compassion satisfaction. Participant 2 had a five-point increase and participant 3 had a one-point increase in compassion satisfaction. Participant 4 had the greatest improvement in scores with a ten-point change from 31 to 41 points. Finally, participant 6 had a three-point increase from 38 to 41 points.

Figure 4.2 shows the results in bar graph form with self-compassion scores showing improvement in the post-project scoring. Figure 4.2 shows the raw pre-project and post-project self-compassion scores. Scoring for the Self-Compassion assessment has three divisions, the low range 1-2.49, moderate range 2.5-3.5, and high range 3.51-5. The maximum possible self-compassion score was five points. All participants showed improvement in compassion toward themselves. Participants commented that they were hard on themselves, and that self-compassion is difficult for them. Participants reported denying their own physical needs by not taking bathroom breaks, or lunch breaks during the workday and doing charting late into the night. Mentally and emotionally, workers confessed to putting pressure on themselves to see extra patients each day and feeling driven to eliminate patients' symptoms. The fact that all the

⁶⁵⁹ King, "The Spiritual Intelligence Self-Report Inventory," 3

staff members had improvement in their scores is promising and gives the researcher direction for additional support sessions.

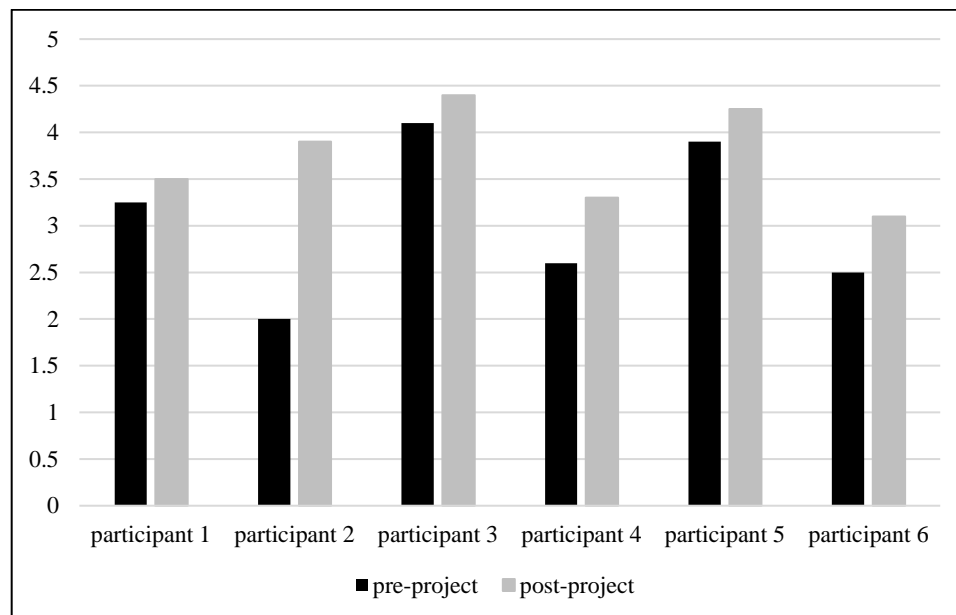


Figure 4.2. Pre-project and post-project self-compassion

Spiritual intelligence does not measure religious practice but assesses one's ability to contemplate meaning in life and the activity of the Divine.⁶⁶⁰ With a top possible score of 96 points, the spiritual intelligence scores started above average for all participants and post-project assessment scores remained above average. The focus on prayer practices allowed staff members to reflect on God's role in their lives and thus possibly increased their ability to discern intangible and transcendent aspects of life. It is possible that the focus group discussions facilitated reflection on life and God's action in our lives provided a new opportunity for participants to consider spiritual issues.

⁶⁶⁰ King, "Rethinking Claims of Spiritual Intelligence," 207.

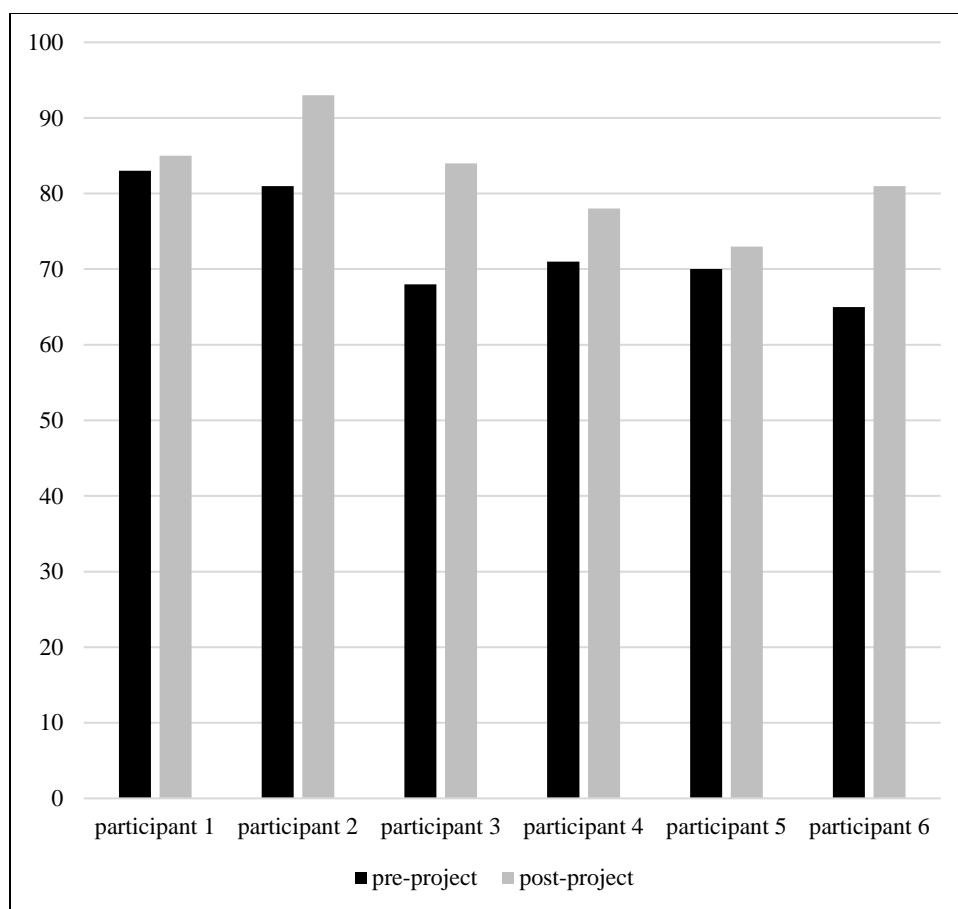


Figure 4.3. Pre-project and post-project spiritual intelligence raw scores

Compassion satisfaction describes the personal and professional satisfaction a person receives from helping people in need.⁶⁶¹ During the focus group discussions, participants reported that while they feel weary in times of great stress overall, they received great satisfaction working with hospice. The ProQOL assessment's Compassion Satisfaction portion showed only slight changes from the pre-project to the post-project scores. With a top possible score of fifty points, all participants did not have much room for improvement as their pre-project scores were already in the top half of scores. Scoring for the compassion satisfaction

⁶⁶¹ Stamm, *The Concise ProQOL Manual*, 12.

section indicates that scores over 23 points show better satisfaction while 23 points or under indicates low satisfaction.⁶⁶² Participant 4 began the project at 31 points and gained ten points on the post-project assessment.

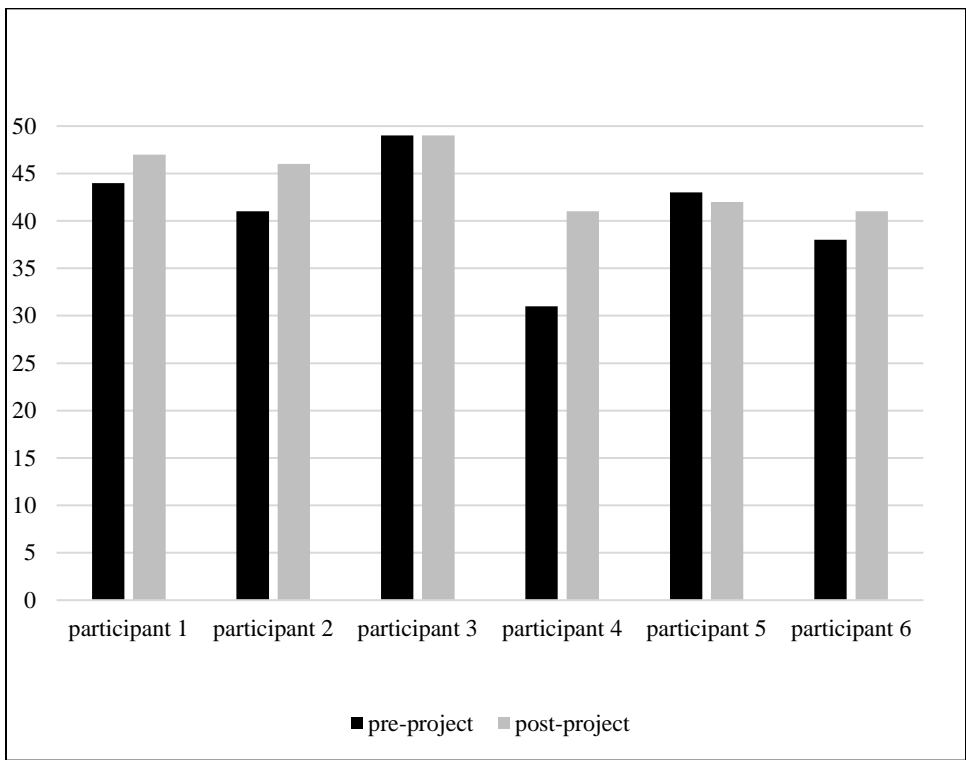


Figure 4.4. Pre-Project and Post-Project ProQOL Compassion Satisfaction Raw Scores

Table 4.2 reflects the scores for the ProQOL Burnout section, Sheldon’s Perceived Stress, and ProQOL Secondary Traumatic Stress assessments for which a lower score at the end of week eight denotes improvement. Across the board the scores for burnout and perceived stress improved for every participant. In the area of secondary traumatic stress, the results were

⁶⁶² Stamm, *The Concise ProQOL Manual*, 29.

mixed with three people showing improved scores, one person with no change, and two people with declining scores.

Table 4.2. Raw scores for the six participants on negatively scored assessments

ProQOL Burnout		Cohen's Perceived Stress		ProQOL Secondary Trauma	
week 1	week 8	week 1	week 8	week 1	week 8
20	19	19	17	14	17
35	28	24	8	32	19
23	15	15	5	27	23
35	25	24	16	32	32
28	19	18	11	22	16
31	26	32	17	29	34

The smallest point spread for improvement of burnout was one point while the greatest improvement was shown by a ten-point decrease. For perceived stress, the variation in scores ranged from a two-point improvement to a maximum of a sixteen-point improvement. Scores for compassion fatigue ranged from an improvement of thirteen points to a decline of five points. Participants reported during the focus groups that their stress levels were a daily issue and that debriefing, camaraderie, and prayer practices helped them feel less stressed and more connected to their peers. This in turn improved their burnout scores as seen in table 4.2 and figure 4.5 Seeing the raw scores from table 4.2 expressed in bar charts allows the reader to compare the differences in results more visibly.

Figure 4.5 displays burnout scores from all six participants at the one-week and eight-week intervals. This assessment reflects improvement when the scores decrease, so that lower scores show improvement. The ProQOL Burnout Assessment's high score terminates at fifty points with lower scores showing lower burnout risk. Pre-project burnout scores began slightly higher than average then went down after the project was completed. Final scores improved and were at or below 28 points by the end of the project. These improved scores may be due to

the camaraderie and team bonds that were formed during the project. Feeling connected to each other may have lessened the feeling of isolation that team members were feeling at the beginning of the project.

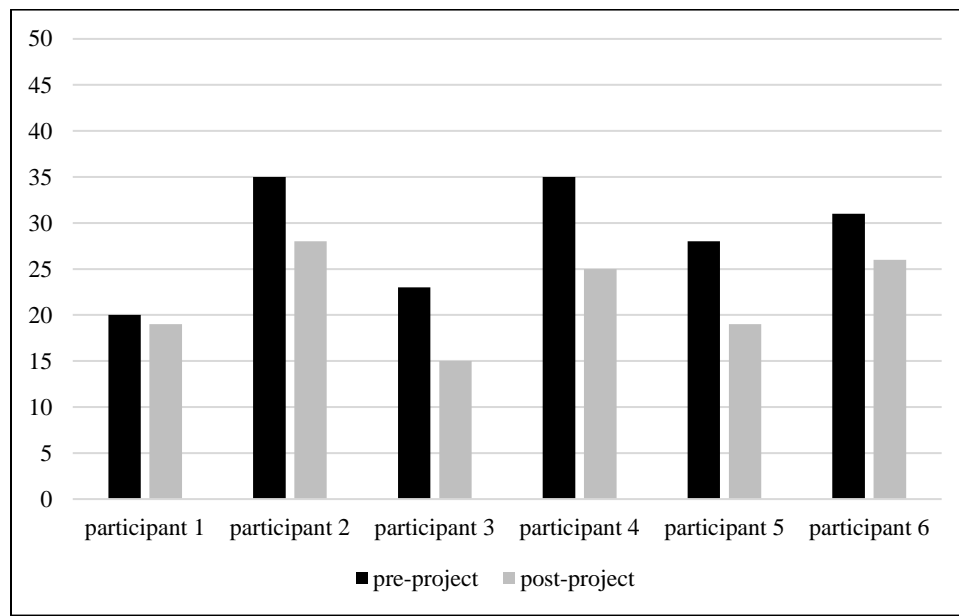


Figure 4.5. Pre-project and post-project ProQOL burnout raw scores

Cohen's Perceived Stress Scale is a negatively scored assessment with lower scores showing improvement. In the bar chart above, the pre-project and post-project stress scores for all six participants are compared. The reader can see that all six participants showed improvement in their stress levels between the first and eighth week. The top score of forty points reflects the highest stress score while the lowest score of zero points reflects the lowest possible stress score.⁶⁶³ Half the participants' scores started above the midpoint of twenty and the other half started below twenty points at the beginning of the project. The smallest rate of improvement was two points, demonstrated by participant 1. The largest improvement was

⁶⁶³ Cohen, *Perceived Stress Scale*, 4.

shown by participant 2 with a change of sixteen points and participant 6, with a change of fifteen points.

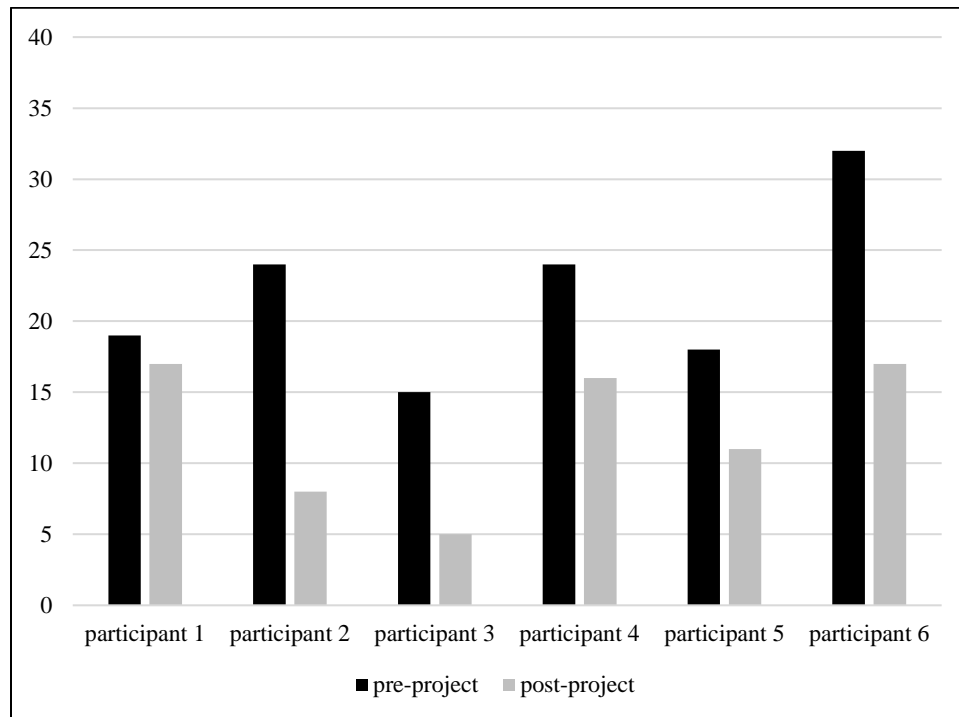


Figure 4.6 . Pre-project and post-project perceived stress raw scores

The following charts display the results on all assessments by participant so that overall progress can be seen for each individual staff member. It is interesting to see the assessment results grouped by participant because one can see all the areas of improvement or decline for the individual. Table 4.2 shows that participant 1's scores indicate moderate self-compassion, high self-compassion, high compassion satisfaction, lowered burnout, and low perceived stress. The secondary traumatic stress score went up by three points. Since all but one of this person's scores started in the moderate to high range, it is possible that there was less room for improvement.

Table 4.2. Participant 1 Pre-Project and Post-Project Raw Scores

	pre-session	post-session
self-compassion	3.25	3.5
spiritual intelligence	83	85
compassion satisfaction	44	47
ProQOL burnout	20	19
perceived stress	19	17
ProQOL STS	14	17

Participant 2 showed good progress in all five areas as reported in table 4.4. This participant started on the low end of the moderate score in self-compassion but doubled their score from 2.0 to 3.9 that placed them in the highest range of self-compassion. This person's spiritual intelligence scores started high at 81 and improved by 12 points to 93. Their compassion satisfaction score began in the high range at 41 and by the end of the project gained five points to 46 in the high range. The burnout score started in the moderate range and ended in upper range of the low scores. The perceived stress score started at 24 points and after eight weeks, ended at a low of 8 points. Secondary traumatic stress scores improved from a high of 32 to a low of 19 points.

Table 4.4. Participant 2 pre-project and post-project raw scores

	pre-session	post-session
self-compassion	2	3.9
spiritual intelligence	81	93
compassion satisfaction	41	46
ProQOL burnout	35	28
perceived stress	24	8
ProQOL STS	32	19

Table 4.5 reflects the assessment scores for participant 3. Participant 3's self-compassion score started in the high range at 4.1 then improved by .3 of a point to 4.4 points. Their spiritual intelligence score improved by 16 points, starting at 68 and ending at 84. The compassion satisfaction scores started in the very high range and gained one point with a starting score of 48 and ending with a score of 49. The burnout score started in the moderate range at 23 and improved into the low range at a score of 15. The perceived stress score improved by 66 percent, from 15 points to 5 points. Lastly, secondary traumatic stress improved from 27 points to 23 points.

Table 4.5. Participant 3 Pre-Project and Post-Project Raw Scores

	pre-session	post-session
self-compassion	4.1	4.4
spiritual intelligence	68	84
compassion satisfaction	48	49
ProQOL burnout	23	15
perceived stress	15	5
ProQOL STS	27	23

Participant 4 showed improvement in all areas but secondary traumatic stress with increased self-compassion, spirituality, and compassion satisfaction, then reduced burnout and perceived stress scores. Self-compassion improved by .7 of a point. Spirituality started high at a score of 71 and finished at 78. Likewise, compassion satisfaction started high at 31 and improved to a score of 41. The burnout score began in the high range at 35 and improved to a low score of 25. Perceived stress improved from a high score of 24 to a low score of 16 showing an improvement of eight points. Secondary traumatic stress scores stayed the same for the eight-week duration with 32 points.

Table 4.6. Participant 4 Pre-Project and Post-Project Raw Scores

	pre-session	post-session
self-compassion	2.6	3.3
spiritual intelligence	71	78
compassion satisfaction	31	41
ProQOL burnout	35	25
perceived stress	24	16
ProQOL STS	32	32

Participant 5 showed improvement in the areas of self-compassion, burnout, and perceived stress. Self-compassion increased by .35 of a point, from 3.9 to 4.25. Spirituality scores began in the high range with a score of 70 points and ended with an improvement of three points. Compassion satisfaction started in the high range then declined slightly with a change of one point. Burnout improved from 28 points to 19 points, a nine-point gain and perceived stress improved from 18 to 11 points. Secondary traumatic stress scores improved from 22 points to 16 points.

Table 4.7. Participant 5 Pre-Project and Post-Project Raw Scores

	pre-session	post-session
self-compassion	3.9	4.25
spiritual intelligence	70	73
compassion satisfaction	43	42
ProQOL burnout	28	19
perceived stress	18	11
ProQOL STS	22	16

Participant 6 had improved scores in all areas except secondary traumatic stress. Self-compassion improved by .6 of a point from a score of 2.5 to a score of 3.1 points. The spirituality score began in the high range at 67 and improved further to a high score of 81, showing a 14-point change. Compassion satisfaction improved slightly with a three-point improvement from 38 to 41. Burnout improved with a five-point improvement in scores from

31 to 26. Perceived stress scores improved by almost half, from 32 points to 17 points. Secondary traumatic stress scores ended higher, changing from 29 points to 34 points.

Table 4.8. Participant 6 Pre-Project and Post-Project Raw Scores

	pre-session	post-session
self-compassion	2.5	3.1
spiritual intelligence	65	81
compassion satisfaction	38	41
ProQOL burnout	31	26
perceived stress	32	17
ProQOL STS	29	34

Overall, the raw scores for all six participants were promising and showed improvement in several areas. However, raw scores are only part of the picture and looking at the statistical results shows which areas had significant improvement.

Assessment Statistical Results

While the raw scores seemed to indicate improvement in most areas, the analysis below reflects the results that are statistically significant. The researcher utilized the student's t-test to measure change in scores in which a significant difference in scores is suggested by a p-value of less than .05.⁶⁶⁴ Because the sample group consisted of the same members from week 1 to week 8, the change in scores could be connected to each anonymous subject by secret code from beginning to end. This comparison used the paired, one-sample formula because the same group of participants was compared to itself at two periods in time. The researcher used the data formula feature on Microsoft's Excel spreadsheet program to run the student's t-test and determine the p-value for each set of data.

⁶⁶⁴ de Winter, "Using the Student's T-Test," 2, 7.

The results from the positively scored assessments had varied results as both Neff's Self-Compassion Assessment and Stamm's Compassion Satisfaction Assessment reflected scores that were not statistically significant. The Self-Compassion Scores and the Compassion Satisfaction scores had a p-value of .06 and .11 respectively, which is above the .05 p-value showing that these scores were not significantly changed.⁶⁶⁵ The Spiritual Intelligence Self-Report Inventory results had a p-value of .02 which does fall below the .05 p-value necessary for a significant change.⁶⁶⁶ Statistically, the Spiritual Intelligence results showed significant change. Table 4.9 reflects statistical results for the first three positively scored assessments.

Table 4.9. Statistics for Positively Scored Assessment Results

	Self-Compassion Scale by Neff		Spiritual Intelligence Self-Report Inventory		ProQOL Compassion Satisfaction	
	week 1	week 8	week 1	week 8	week 1	week 8
participant 1	3.25	3.5	83	85	44	47
participant 2	2	3.9	81	93	41	46
participant 3	4.1	4.4	68	84	48	49
participant 4	2.6	3.3	71	78	31	41
participant 5	3.9	4.25	70	73	43	42
participant 6	2.5	3.1	65	81	38	41
	P=	0.06	P=	0.02	P=	0.11

From left to right, table 4.9 shows the statistical results of the Self-Compassion assessment at .06, the Spiritual Intelligence assessment at .02, and the Compassion Satisfaction assessment at .011. Only the Spiritual Intelligence assessments showed statistically significant change in scores.

⁶⁶⁵ de Winter, "Using the Student's T-Test," 2, 7.

⁶⁶⁶ Ibid.

Table 4.10 shows the statistical results for the negatively scored ProQOL Burnout Assessment, Sheldon's Perceived Stress Assessment, and ProQOL Secondary Traumatic Stress Assessment. The assessments showed a statistically significant improvement in both burnout and perceived stress scores. As before, the p-value needs to be below the .05 marker to be considered statistically significant.⁶⁶⁷ Both assessments' scores meet that requirement at $p=.03$ for the ProQOL Burnout Assessment and $p=.006$ for the Perceived Stress Scale. Secondary traumatic stress scores did not show statistically significant changes at .28.

Polat defines burnout as "difficulty coping with job stress" and reports that stress and burnout scores in her study appeared positively correlated.⁶⁶⁸ Polat's findings agree with this researcher's data interpretation that as burnout scores decreased the perceived stress scores also decreased.⁶⁶⁹ Polat's concludes that spirituality does not affect compassion fatigue, burnout, or compassion satisfaction however, this project showed that as spirituality scores improved, so did the burnout and stress scores.⁶⁷⁰

Table 4.10. Statistics for Negatively Scored Assessment Results

	ProQOL Burnout		Perceived Stress		ProQOL STS	
	week 1	week 8	week 1	week 8	week 1	week 8
participant 1	20	19	19	17	14	17
participant 2	35	28	24	8	32	19
participant 3	23	15	15	5	27	23
participant 4	35	25	24	16	32	32
participant 5	28	19	18	11	22	16
participant 6	31	26	32	17	29	34
	P=	0.03	P=	0.006	P=	0.28

⁶⁶⁷ de Winter, "Using the Student's T-Test," 2, 7.

⁶⁶⁸ Polat, "Determination of the Relationship," 921.

⁶⁶⁹ Ibid..

⁶⁷⁰ Ibid., 923.

The results from the assessments showed significant improvement in the areas of stress reduction, burnout reduction, and spiritual intelligence. Areas that did not reflect significant improvement were self-compassion, compassion fatigue, and compassion satisfaction. Because self-compassion and compassion satisfaction contribute to resiliency and reduce compassion fatigue, future sessions should include interventions that affect these areas by addressing the concepts of common human experience, extending grace to oneself, and reducing perfectionism.⁶⁷¹

One possible reason for the insignificant change in self-compassion, compassion satisfaction, and secondary traumatic stress scores could be the length of time that it takes to change deeply embedded attitudes toward oneself. Another possible reason could be the design of the project that focused on alleviating stressors but did not address specific issues that affect self-compassion such as self-criticism, perfectionism, shame, and self-blame.⁶⁷² Lastly, because the pre-project Compassion Satisfaction Assessment scores began closer to the top score of fifty there was less room for improvement.

Overall, the scores reflected progress in building resiliency and lowering stress. By increasing spiritual intelligence and reducing perceived stress, the participants benefited from the project. The staff received tools, the Feeling Wheel, the Emotion-Sensation Wheel, and Prayer and Journal Prompt handouts, to aid self-awareness and self-reflection. Building spiritual and self-awareness skills improved stressors and burnout. Future sessions will include

⁶⁷¹ Miranda M. Nadeau, Norian A. Caporale-Berkowitz, and Aaron B Rochlen, "Improving Women's Self-Compassion Through an Online Program: A Randomized Controlled Trial," *Journal of Counseling and Development* 99, no. 47 (January 2021): 47.

⁶⁷² *Ibid.*, 54.

more discussion and exercises to address self-compassion and focus on reducing self-criticism and reducing perfectionism.

Chapter 5

Conclusion

Overview

Compassion fatigue affects medical staff, doctors, nurses, and home health aides but also affects clinical staff, social workers, chaplains, and administration working in high stress and emotionally draining environments.⁶⁷³ Compassion fatigue manifests as emotional and physical symptoms like physical fatigue, emotional exhaustion, increased illnesses, and depersonalizing patients.⁶⁷⁴ Compassion fatigue in staff reduces patient satisfaction, increases mistakes, and causes absenteeism.⁶⁷⁵ All these indicators affect the profitability in medical systems that increasingly are moving toward a business model.⁶⁷⁶

The inherent nature of hospice work, exposes staff members to many stressors including patient deaths, strong family emotions, time pressures, physical output, cognitive pressures, and environmental risks.⁶⁷⁷ Add to these stressors the feeling of isolation that staff experience as they work alone in the field and communicate mainly by email and voicemail.⁶⁷⁸ All these pressures can accumulate and create compassion fatigue and burnout if staff do not have the proper outlets for self-care and self-expression.⁶⁷⁹

This project was implemented to address possible compassion fatigue in hospice workers at St. Mary's Hospice in Athens, Georgia through pastoral counseling interventions.

⁶⁷³ Hilliard, "The Effect of Music Therapy," 395.

⁶⁷⁴ Ibid.

⁶⁷⁵ Zhang, "Determinants of Compassion Satisfaction," 6.

⁶⁷⁶ Liz Crowe, "Identifying the Risk of Compassion Fatigue, Improving Compassion Satisfaction and Building Resilience in Emergency Medicine," *Emergency Medicine Australasia* 28 (2016): 106, accessed November 26, 2021, DOI: 10.1111/1742-6723.12535.

⁶⁷⁷ Hilliard, "The Effect of Music Therapy," 396; National Institute for Occupational Safety and Health, 33.

⁶⁷⁸ Hilliard, "The Effect of Music Therapy," 400.

⁶⁷⁹ Ibid., 395.

This project used action research which focuses on the group process as well as the outcome of the project.⁶⁸⁰ Action research views the participants as team members seeking a solution to a problem as opposed to research subjects being experimented on.⁶⁸¹ This project utilized a convenience sample of St. Mary's Hospice staff members. The project protocol included recruiting interested employees by email and poster communications, then using a battery of psycho-social self-report assessments at the beginning and at the conclusion of the project to determine coping and compassion fatigue levels in the staff. The project involved using different prayer practices to help staff be more aware of their feelings and stressors then, resolving these issues through prayer and counseling techniques including journaling, art expression, silent contemplation.

The assessments addressed several areas that contribute to resiliency including compassion satisfaction, self-compassion, spirituality, and aspects affecting compassion fatigue like perceived stress, and burnout symptoms. The ProQOL Assessment, Spiritual Intelligence Self-Report Tool, Perceived Stress Scale, and Self-Compassion Scale rounded out the group of assessments used in the project. At the conclusion of the project, the participants took the same battery of assessments to measure degrees of improvement or decline in coping. The assessments were completely anonymous, and respondents used secret identifying codes on their assessments to guarantee anonymity. The secret codes allowed the pre-project and post-project assessments to be matched up and compared. The researcher utilized anonymous assessments to ensure the privacy of the participants and increase the chances of candid answers on the assessments. Because this researcher is also a member of the staff, no

⁶⁸⁰ Rimanoczy, "Action Learning," 248.

⁶⁸¹ Penney, "Connecting Initial Teacher Education," 158.

identifiable data such as age, gender, race, or tenure were collected as those identifying markers could inadvertently reveal the respondent's identity.

For eight weeks participants met once weekly for group sessions with the researcher. These sessions, held in the St. Mary's hospice house conference room, included debriefing during breakfast, watching a video explaining the prayer activity, practicing the intervention, then discussing the exercise. The project design addressed different learning styles and utilized aspects of Maslow's motivational hierarchy to engage learners in the resiliency material.⁶⁸²

The researcher wanted to build on the four areas that contribute to resiliency, self-care, self-reflection, self-compassion, and spirituality.⁶⁸³ A resilient person adapts to challenges, stress, or hardship and continues to grow as a person.⁶⁸⁴ Self-care, for the purposes of this paper, refers to the emotional and spiritual life of a person and the way one nurtures their mind and soul.⁶⁸⁵ It describes the way that a person is self-aware about thoughts and feelings as well as what the body needs physically.⁶⁸⁶ The self-reflection aspect sought to aid participants in analyzing their feelings and expressing those feelings.⁶⁸⁷ Self-compassion is a key piece of resiliency and involves the kindness one shows to oneself, and one's understanding of their life struggles that are shared with humanity.⁶⁸⁸ Spirituality is another factor that contributes to resiliency and researchers are discovering the protective factors that spirituality provides.⁶⁸⁹

⁶⁸² Maslow, "A Theory of Human Motivation," 394.

⁶⁸³ Steele, *Reducing Compassion Fatigue*, xvii.

⁶⁸⁴ Newmeyer, "Spirituality and Religion," 143.

⁶⁸⁵ Hotchkiss, "Factors Reducing Burnout," 89.

⁶⁸⁶ Ibid.

⁶⁸⁷ Steele, *Reducing Compassion Fatigue*, xvii.

⁶⁸⁸ Barnard, "The Relationship of Clergy," 152.

⁶⁸⁹ Ricci-Allegra, "Spiritual Perspective," 178.

The Hospice and Palliative Nurses Association *Position Statement* suggests that medical professionals discover their own spirituality as it enhances their ability to care for patients.⁶⁹⁰

The project included prayer practices of silent contemplation, prayer journaling, prayer mandalas, Christian yoga, Scriptural composition of place, the Daily Examen/A.C.T.S. prayer. Each session focused on one of the prayer exercises. The last session involved an overview and discussion of all the exercises, taking the same psycho-social assessments to compare with the first set of assessments, and answering a questionnaire about the efficacy of the interventions and the project overall.

Expectations

Expectations at the outset of the program assumed that by improving self-reflection, emotional intelligence, faith connections through prayer, and teaching coping techniques that compassion fatigue, secondary traumatic stress, perceived stress, and burnout would be reduced while self-compassion and compassion satisfaction would be improved.⁶⁹¹ The raw data results recorded successful changes in four of the six assessed categories, self-compassion, burnout, perceived stress, and spirituality.

Because the same group of employees completed the same assessments eight weeks apart, the student's one sample, paired t-test analyzed the statistical results. The data statistics showed significant improvement, below $P=.05$, in the areas of burnout, spiritual intelligence, and perceived stress, while three areas did not meet the criteria for significant change,

⁶⁹⁰ Ricci-Allegra, "Spiritual Perspective," 178.

⁶⁹¹ Moshe Zeidner, Dafna Hadar, Gerald Mathews, and Richard D. Roberts, "Personal Factors Related to Compassion Fatigue in Health Professionals," *Anxiety, Stress, and Coping* 26, no. 6 (2013): 596-597, accessed August 23, 2021, DOI: 10.1080/10615806.2013.777045.

including compassion satisfaction, self-compassion, and secondary traumatic stress.

Compassion satisfaction did not show significant change in scores, but these scores started in the top fifty percent of the possible point system and at the post-test compassion satisfaction scores were in the top twenty-five percent. Participants reported feeling more connected to each other because they developed relationships with other staff members that they previously did not know. Balinbin suggests that positive connections among staff contributes to compassion satisfaction.⁶⁹² Focus group members often talked about the satisfaction they receive from their work and compassion satisfaction scores for the first week began in the higher percentages so the lack of change in compassion satisfaction scores may be an anomaly.

At $P=.06$, self-compassion scores came very close to reaching the $.05$ marker for significant change. The area of self-compassion can be accentuated in the project design and improved in future program offerings. More emphasis on being kind to oneself, self-worth, and being one with humanity could improve the self-compassion scores. Extending the length of the program may give participants a longer timeframe to change old thought patterns.

Results

The results from the assessments and the questionnaire were promising. Scores on the Spiritual Intelligence Inventory significantly improved with a p-value of $P=.02$. ProQOL Burnout scores significantly improved with a p-value of $P=.03$ while Perceived Stress Scores showed improvement with a p-value of $P=.006$.

The three areas that did not show significant improvement were self-compassion, $P=.06$, secondary traumatic stress at $P=0.28$, and compassion satisfaction, $P=.11$. The self-

⁶⁹² Balinbin, "Occupational Determinants," 960.

compassion scores could be affected by two things. Changing a person's ingrained perceptions and attitudes toward oneself may take longer than eight weeks to affect. While the project sessions focused on self-reflection and processing feelings, more focus and discussion on being kind toward oneself and seeing oneself in the shared common struggle with humanity might have raised the self-compassion scores.

The researcher hypothesizes that the compassion satisfaction scores were already on the higher end of the scoring range so there was little room for improvement. During focus group discussions staff often commented that they receive high satisfaction from helping their patients even though the job involves stressors and grief. This phenomenon of compassion fatigue coexisting with compassion satisfaction matches results reported by Polat.⁶⁹³

Limitations

Five primary limitations arose during the study and included sample size, time limitations, resistance from staff, scheduling, and project design. Each of these limitations could be addressed in future presentations of the project with help from the hospice administrators. This project was an unknown quantity when it started and now the managers have a better idea of the advantages of offering the program. With more verbal support and encouragement from managers, the program might be even more successful in the future.

Sample Size

The sample size for this project began with ten participants and ended with six members, N=6 through attrition. Two of the participants left the group due to scheduling issues

⁶⁹³ Polat, "Determination of the Relationship," 920.

and workload. Two additional members were not included in the results because their anonymous pre-project assessments could not be matched with their post-project assessments. Other limitations of the study may have affected the sample size such as resistance, stigma, and scheduling. The prayer theme of the project may have deterred some staff members from participating. Other reasons for the small sample size may have been resistance to admitting one needs help with personal issues and the stigma of having compassion fatigue.⁶⁹⁴

A sample size of six persons may not meet the requirements of professional statisticians however for an alpha test in developing an ongoing compassion fatigue mitigation program it gleaned the information necessary to continue perfecting the program. The action research philosophy behind this endeavor reduces the need for hundreds of samples as this program aimed to work as a team with a specific group of people in a specific local environment.⁶⁹⁵ Stringer notes that research teams should use small groups of six people or fewer to allow for team discussion and problem-solving.⁶⁹⁶

Time

Time was the first issue as the project time frame only lasted for eight weeks, two of which were used on the introduction and conclusion of the project. This meant that each exercise only had one hour of group practice before the participants went home to practice on their own. To properly instill a full understanding of each intervention, the staff members would benefit from having at least one month to practice each type of prayer before deciding if

⁶⁹⁴ Mia Sydenham, Jennifer Beardwood, and Katharine A. Rimes, "Beliefs About Emotions, Depression, Anxiety and Fatigue: A Mediatonal Analysis," *Behavioral and Cognitive Psychotherapy* 45, no. 1 (2017): 74, accessed November 1, 2021, DOI:10.1017/S1352465816000199.

⁶⁹⁵ Stringer, *Action Research*, 130.

⁶⁹⁶ Ibid.

it was a comfortable fit for them. As a starting point for the project, eight weeks was sufficient to establish the benefits of the project. Future projects should last six months to allow one month for each of the six interventions to allow the participants to build the habit of using the practice.

Resistance and Stigma

The staff seemed to have some resistance to the project partly due to the stigma of having compassion fatigue. Staff continue to have the idea that suffering from compassion fatigue is a personal failure. Fitzgerald experienced the same resistance during her study as her participants seemed hesitant to self-report honestly on the ProQOL assessment about their compassion fatigue symptoms.⁶⁹⁷ The common attitude is that if one is a true professional then one remains detached and does not have uncomfortable feelings about death and dying.⁶⁹⁸ Another point of contention may be the Christian foundation of the project because some nurses express discomfort at overtly religious conversation.⁶⁹⁹

Scheduling

Staff availability was another issue as staff schedules and territories make it difficult to make time for meetings. The prevailing attitude of staff is that they do not want more tasks added to their already busy schedules.⁷⁰⁰ Staff with St. Mary's Hospice cover a territory of thirteen counties in Georgia and spend much of their workday on the road.⁷⁰¹ Some nurses see

⁶⁹⁷ Fitzgerald, "Renewing the Spirit of Hospice," 53.

⁶⁹⁸ St. Mary's Compassion Fatigue Project focus group.

⁶⁹⁹ Ibid.

⁷⁰⁰ Hotchkiss, "Factors Predicting Burnout," 89.

⁷⁰¹ St. Mary's Health Care System, "Who Is Eligible for Hospice Care?" accessed December 2, 2021, <https://www.stmaryshealthcaresystem.org/find-a-service-or-specialty/home-care-and-hospice/home-hospice>.

patients an hour away from the office and coming to the office for the project sessions would be a burden.⁷⁰² Nurses frequently do lengthy admission and death visits in addition to their regular patient visits and their full schedule adds to their perception that they too busy to do self-care.⁷⁰³

Strength or Weakness

Lastly, two of the strengths of the project could also be weaknesses. One might argue that catering to the different learning styles and utilizing a variety of support models such as team building and debriefing along with the prayer exercises made analysis on the efficacy of the prayer interventions difficult. The only way to measure which interventions provided the most benefit is by participant report. Yet action research is a group process and sharp definitions, and conclusions are not always clear cut.⁷⁰⁴

Recommendations

Having completed the project, this researcher has recommendations on how to better support the staff in the future. While the common logic believes taking time away from patient care for staff emotional support is a waste of time and money, it might benefit St. Mary's hospice to provide self-care sessions during work hours. Research shows that on-the-job compassion fatigue support improves productivity.⁷⁰⁵ One six-week study provided music therapy to combat compassion fatigue with staff at a long-term care facility.⁷⁰⁶ The results were

⁷⁰² St. Mary's Compassion Fatigue Project focus group.

⁷⁰³ Ibid.

⁷⁰⁴ Rimanoczy, "Action Learning," 247.

⁷⁰⁵ Hilliard, "The Effect of Music Therapy," 397.

⁷⁰⁶ Ibid.

so promising that researchers extrapolated that sustaining the music program for staff would show a cost savings for that one facility of \$89,100 by decreasing absenteeism and staff turnover.⁷⁰⁷

The St. Mary's Hospice project indicates that staff support does not have to be expensive and that support sessions one hour a week might improve employee functioning including lower stress levels, lower burnout levels, better communication among peers, stronger relationships, camaraderie, and better problem-solving between peers.⁷⁰⁸

With the barrage of stressors from the COVID-19 pandemic, hospital staff has been stretched due to a lack of staff to cover the overload of admitted patients.⁷⁰⁹ Medication shortages and personal protective equipment shortages were stressful but did not compare to the moral injury that hospital staff felt as they made life and death decisions for patients.⁷¹⁰ Considering these stressors, the St. Mary's compassion fatigue project might be replicated with St. Mary's Hospital staff in addition to hospice staff to see if these sessions could be beneficial to the staff.

Crowe believes reducing compassion fatigue needs to be a daily proactive pursuit not a reactive intervention after a critical incident.⁷¹¹ Management could facilitate staff self-care just as they would promote handwashing or wearing personal protective equipment. Administration can consistently send the message that compassion fatigue is a normal response to continued

⁷⁰⁷ Hilliard, "The Effect of Music Therapy," 397.

⁷⁰⁸ St. Mary's Hospice Compassion Fatigue Project focus group.

⁷⁰⁹ Hines, "Initiation of a Survey," 830.

⁷¹⁰ Ibid.

⁷¹¹ Crowe, "Identifying the Risk," 107.

stressors and accumulated grief.⁷¹² Managers might consider going through the compassion fatigue project, so they have a better idea of the benefits of participating.⁷¹³

Holding quarterly memorials to remember and honor the team's deceased patients might allow staff members to grieve for the patients for whom they cared. Currently, the staff discusses the deceased patients at the weekly team meetings but the discussion centers on the facts surrounding the death and how the bereaved family is coping; it does not address the feelings of the staff. The avoidance of feelings during the deaths report could contribute to systemic compassion fatigue in the team.⁷¹⁴ Focusing on the staff's feelings might help the staff release residual grief and support one another.⁷¹⁵

Another possible intervention to support the staff is education. Each quarterly St. Mary's Hospice staff meeting could include a brief in-service on compassion fatigue and different self-care techniques. Staff education and support could further include confidential compassion fatigue assessments for the staff every six months so staff could track their own progress. Additionally, the improved six-month compassion fatigue project could be offered twice a year for interested staff.

Peer support might be another intervention that could benefit the staff. At one time St. Mary's Hospice had a therapist who offered debriefing meetings once a month.⁷¹⁶ Staff members report that they benefited from these gatherings and management could offer these

⁷¹² Sydenham, "Beliefs About Emotions," 4.

⁷¹³ Julide G. Yildirim, Melike Ertem, "Professional Quality of Life and Perceptions of Spirituality and Spiritual Care Among Nurses: Relationship and Affecting Factors," *Perspectives in Psychiatric Care* 58, no. 4 (April 2020): 1, accessed November 5, 2021, DOI:10.3928/02793695-20200211-01.

⁷¹⁴ Moshe Zeidner, Dafna Hadar, Gerald Mathews, and Richard D. Roberts, "Personal Factors Related to Compassion Fatigue in Health Professionals," *Anxiety, Stress, and Coping* 26, no. 6 (2013): 598, accessed August 23, 2021, DOI: 10.1080/10615806.2013.777045.

⁷¹⁵ Zajac, "Confronting Compassion Fatigue," 447.

⁷¹⁶ Sheldon, Interview, March 1, 2020.

monthly sessions again.⁷¹⁷ To encourage camaraderie and teambuilding among the staff, management could implement a buddy system in which two or three staff members are assigned to check on one another from time to time.⁷¹⁸ Social workers, Libera Linick and Emily Smolin, developed their own buddy support system during the COVID-19 pandemic and report that it helped them feel connected and supported.⁷¹⁹

Contributions to the Literature

This project contributes to the research literature by testing interventions to mitigate compassion fatigue in hospice workers. Whereas some research on combating compassion fatigue examines changing external factors like salary rates, work shifts, and resource allocation, this project aimed to increase emotional intelligence, spiritual intelligence, and self-reflection through prayer journaling, prayer mandalas, silent contemplation, and other prayer techniques.⁷²⁰ This project did not study a large sample pool to track compassion fatigue rates in medical staff and make broad recommendations. This project was different because it was highly relational and educated staff about compassion fatigue then established coping strategies and encouraged personal practice. Key principles that staff learned included self-awareness, and emotional expression through prayer-journaling, and art techniques.

⁷¹⁷ St. Mary's Hospice Compassion Fatigue Project focus group.

⁷¹⁸ Libera Linick, and Emily Smolin, "Reflections on 'Our COVID-19 Buddy System,'" *Journal of Social Work in End-of-Life and Palliative Care* 17, nos. 2-3 (February 2021): 113, accessed December 5, 2021, <https://doi.org/10.1080/15524256.2021.1881695>.

⁷¹⁹ Linick, "Reflections on 'Our COVID-19 Buddy System,'" 113.

⁷²⁰ Vinayak Dev, Antonio T. Fernando III, and Nathan S. Consedine, "Self-Compassion as a Stress Moderator: A Cross-Sectional Study of 1700 Doctors, Nurses, and Medical Students," *Mindfulness* 11 (2020): 1170, accessed December 1, 2021, <https://doi.org/10.1007/s12671-020-01325-6>.

Future Research

Future research could continue to focus on spiritual interventions to combat compassion fatigue. Research can be expanded to explore additional spirituality interventions.

Based on the positive feedback that managers received from staff participants, another compassion fatigue project will be offered in the spring 2022. For the spring project this chaplain will discontinue three of the less popular practices such as the Daily Examen, Scriptural Composition of Place, and Christian yoga then replace them with other spiritual practices recommended by Fitzgerald in her compassion fatigue project including music, nature exposure, and body movement.⁷²¹

Musical interventions can employ creative participation with participants using drums and other instruments to create improvisational music.⁷²² Another approach to therapeutic music includes more didactic methods by educating the participants on stress management in the context of music.⁷²³ The St. Mary's program could utilize a combination of recorded music and guided stress release and relaxation techniques with staff members.

Nature therapy, as the name suggests, takes place outdoors, in nature.⁷²⁴ Communing with nature has been used with people experiencing trauma exposure and people suffering loss and death.⁷²⁵ Because it proved helpful for treating trauma and loss, it may also be a helpful coping strategy for hospice staff in the prevention of compassion fatigue.⁷²⁶ The idea behind nature therapy is that by connecting to the sights, sounds, smells, and touch of nature, people

⁷²¹ Fitzgerald, "Renewing the Spirit of Hospice," 65.

⁷²² Hilliard, "The Effect of Music Therapy," 398.

⁷²³ Ibid.

⁷²⁴ Ronen Berger, "Nature Therapy: Incorporating Nature into Arts Therapy," *Journal of Humanistic Psychology* 60, no. 2 (March 2020): 245, accessed December 2, 2021, <https://doi.org/10.1177/0022167817696828>.

⁷²⁵ Ibid.

⁷²⁶ Ibid.

can reconnect with the self and tap into their strengths.⁷²⁷ For the purposes of the St. Mary's program, nature connectedness would be used as a spirituality practice for mindfulness and contemplation.

Dance and movement therapy proved effective in reducing compassion fatigue scores and raising quality of life for nurses in Yilmazer's study.⁷²⁸ The theory supporting body movement therapy involves moving the body as a form of catharsis.⁷²⁹ Through the movements, participants become aware of emotions they can express verbally but they also experience their bodies' reactions as they remember their stressful experiences.⁷³⁰ This allows the person to work out emotions both verbally and physically.⁷³¹

Conclusion

Compassion fatigue statistics have been researched since Figley began tracking the phenomenon in the 1990s.⁷³² Over those thirty years compassion fatigue has been accepted as a risk factor to medical staff.⁷³³ In the last ten years, more attention is focusing on compassion fatigue in other clinical staff like chaplains, and social workers.⁷³⁴ This project strived not only to measure compassion fatigue indicators, but to test specific interventions that can mitigate the debilitating effects of compassion fatigue. By the using prayer interventions of journaling,

⁷²⁷ Berger, "Nature Therapy," 245.

⁷²⁸ Yilmazer, "Dance and Movement," 4.

⁷²⁹ Ibid., 6.

⁷³⁰ Ibid.

⁷³¹ Ibid.

⁷³² Stamm, *The Concise ProQOL Manual*, 9.

⁷³³ Ibid.

⁷³⁴ Bride, "Measuring Compassion Fatigue," 155; Stephen Roberts, Kevin Flannelly, Andrew Weaver, and Charles Figley, "Compassion Fatigue Among Chaplains, Clergy, and Other Respondents After September 11th," *The Journal of Nervous and Mental Disease* 191, no.11 (November 2003): 756, accessed December 5, 2021, DOI: 10.1097/01.nmd.0000095129.50042.30.

drawing mandalas, silent contemplation, along with debriefing and team building, this project suggests that improving spirituality and self-reflection can positively affect burnout and stress. By improving the program's interventions to better address self-compassion and compassion satisfaction, the researcher expects to see improvement on self-compassion and compassion satisfaction scores which in turn will reduce compassion fatigue. Future St. Mary's Hospice staff support groups can build on the interventions used in the compassion fatigue project and include other contemplative activities like enjoying nature, music activities, and creative movement. The compassion fatigue project proved that at least on a small scale, staff support does not have to be expensive but does take investment by management. St. Mary's Hospice can work self-care activities into their staff's productivity numbers and scheduling so that staff members feel like they have time to focus on self-care.

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APPENDIX A

Consent to Participate

Title of the Project: Pastoral Care and the Alleviation of Compassion Fatigue in Staff at St. Mary's Hospice

Principal Investigator: Ellen Gardner-Cook, MDIV, Liberty University

Invitation to be Part of a Study Project

You are invited to participate in a research study. In order to participate, you must be at least 21 years old and work for St. Mary's Hospice. Taking part in this research project is voluntary. Please take time to read this entire form and ask questions before deciding whether to take part in this research project.

What is the study about and why is it being done?

The purpose of the study is to explore how Christian pastoral care can be a protective factor in combating compassion fatigue. The study will utilize Christian language, theology, videos, Scripture, and prayer.

What will happen if you take part in this study?

If you agree to be in this study, I ask you to do the following things:

1. Dedicate one hour a week immediately following IDT to meet for education, discussion, a prayer practice, and lunch. The study will last 10 weeks.
2. Consent to being digitally video/audio taped during the sessions to ensure accurate documentation.
3. Answer anonymous written assessments one time before the project starts and one time after the project is completed.

How could you or others benefit from this study?

The direct benefits participants should expect to receive from taking part in this study are:
Learning new ways to do self-care and avoid compassion fatigue.
Discovering new coping strategies for working with dying patients.
Free Chick-Fil-A lunch will be provided at each session.
One productivity point for attending the hour-long session each week.
Benefits to society may include introducing new ideas for avoiding compassion fatigue and increasing resiliency in hospice workers and other medical staff.

What risks might you experience from being in this study?

The risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life.

Mandatory reporting requirements for child abuse, child neglect, elder abuse, or the intent to harm self or others are in effect. The researcher is required to report the above incidences.

How will personal information be protected?

- Participant responses on assessments will be kept anonymous through the use of codes chosen by the participant. Sessions and interviews will be conducted in a location where others will not easily overhear the conversation. Individual interviews will utilize a pseudonym. Management will not be present during the sessions.
- The paper assessments will be stored in a locked safe at my home. Digital recordings and interviews will be stored on a password-locked computer at my house and may be used in future presentations. After three years, all electronic records will be deleted.
- Interviews and focus groups will be recorded and transcribed. Recordings will be stored on a password locked computer for three years and then erased. Only the researcher will have access to these recordings.
- Confidentiality cannot be guaranteed in focus group settings. While discouraged, other members of the focus group may share what was discussed with persons outside of the group. If you prefer to submit your feedback confidentially, you may write down your responses during the focus group and submit to the research student.

How will you be compensated for being part of the study?

Participants will be compensated for participating in this study by receiving one productivity point each week of participation for a maximum of ten points. A free Chick-Fil-A lunch will be provided for each participant every week of the study.

What are the costs to you to be part of the study?

There are not fees or costs to you to be part of the study.

Does the researcher have any conflicts of interest?

The researcher serves as the chaplain at St. Mary's Hospice. This disclosure is made so that you can decide if this relationship will affect your willingness to participate in this study. No action will be taken against an individual based on his or her decision to participate in this study.

The researcher has NO financial interest in the outcome of this study. This study is funded by the student. St. Mary's Hospice is providing the conference room and projector for the sessions. This disclosure is made so that you can decide if this relationship will affect your willingness to participate in this study.

Is study participation voluntary?

Participation in this study is voluntary. Your decision whether to participate will not affect your current or future relations with Liberty University or St. Mary's Hospice. If you decide to

participate, you are free not to answer any question or withdraw at any time without affecting those relationships.

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please contact the researcher at the email address/phone number included in the next paragraph. Should you choose to withdraw, data collected from you, apart from focus group data, will be destroyed immediately and will not be included in this study. Focus group data will not be destroyed, but your contributions to the focus group will not be included in the study if you choose to withdraw.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Ellen Gardner-Cook. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her [REDACTED] or [REDACTED]. You may also contact the researcher's faculty sponsor, TBA, at email TBA.

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515, or email at irb@liberty.edu

Your Consent

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

☐ The researcher has my permission to audio-record/video-record/photograph me as part of my participation in this study.

Printed Subject Name

Signature & Date

APPENDIX B

Professional Quality of Life Scale Compassion Satisfaction and Compassion Fatigue (ProQOL) Version 5 (2009)

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

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

1. _____ I am happy.
2. _____ I am preoccupied with more than one person I [help].
3. _____ I get satisfaction from being able to [help] people.
4. _____ I feel connected to others.
5. _____ I jump or am startled by unexpected sounds.
6. _____ I feel invigorated after working with those I [help].
7. _____ I find it difficult to separate my personal life from my life as a [helper].
8. _____ I am not as productive at work because I am losing sleep over traumatic experiences of a person I [help].
9. _____ I think that I might have been affected by the traumatic stress of those I [help].
10. _____ I feel trapped by my job as a [helper].
11. _____ Because of my [helping], I have felt "on edge" about various things.
12. _____ I like my work as a [helper].
13. _____ I feel depressed because of the traumatic experiences of the people I [help].
14. _____ I feel as though I am experiencing the trauma of someone I have [helped].
15. _____ I have beliefs that sustain me.
16. _____ I am pleased with how I am able to keep up with [helping] techniques and protocols.
17. _____ I am the person I always wanted to be.
18. _____ My work makes me feel satisfied.
19. _____ I feel worn out because of my work as a [helper].
20. _____ I have happy thoughts and feelings about those I [help] and how I could help them.
21. _____ I feel overwhelmed because my case [work] load seems endless.
22. _____ I believe I can make a difference through my work.
23. _____ I avoid certain activities or situations because they remind me of frightening experiences of the people I [help].
24. _____ I am proud of what I can do to [help].
25. _____ As a result of my [helping], I have intrusive, frightening thoughts.
26. _____ I feel "bogged down" by the system.
27. _____ I have thoughts that I am a "success" as a [helper].
28. _____ I can't recall important parts of my work with trauma victims.
29. _____ I am a very caring person.
30. _____ I am happy that I chose to do this work

© B. Hudnall Stamm, 2009. Professional Quality of Life: Compassion Satisfaction and Fatigue Version 5 (ProQOL).
/www.isu.edu/~bhstamm or www.proqol.org. This test may be freely copied as long as (a) author is credited, (b) no changes are made, and (c) it is not sold.

APPENDIX C

PERCEIVED STRESS SCALE

The questions in this scale ask you about your feelings and thoughts during the last month. In each case, you will be asked to indicate by circling how often you felt or thought a certain way.

ID Code _____ Date _____

0 = Never 1 = Almost Never 2 = Sometimes 3 = Fairly Often 4 = Very Often

1. In the last month, how often have you been upset because of something that happened unexpectedly?
2. In the last month, how often have you felt that you were unable to control the important things in your life?
3. In the last month, how often have you felt nervous and “stressed”?
4. In the last month, how often have you felt confident about your ability to handle your personal problems?
5. In the last month, how often have you felt that things were going your way?
6. In the last month, how often have you found that you could not cope with all the things that you had to do?
7. In the last month, how often have you been able to control irritations in your life?
8. In the last month, how often have you felt that you were on top of things?
9. In the last month, how often have you been angered because of things that were outside of your control?
10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

The PSS Scale is reprinted with permission of the American Sociological Association, from Cohen, S., Kamarck, T., and Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health and Social Behavior*, 24, 386-396. Cohen, S. and Williamson, G. Perceived Stress in a Probability Sample of the United States. Spacapan, S. and Oskamp, S. (Eds.) *The Social Psychology of Health*. Newbury Park, CA: Sage, 1988.

APPENDIX D

SISRI-24 The Spiritual Intelligence Self-Report Inventory © 2008 D. King

The following statements are designed to measure various behaviours, thought processes, and mental characteristics. Read each statement carefully and choose which one of the five possible responses best reflects you by circling the corresponding number. If you are not sure, or if a statement does not seem to apply to you, choose the answer that seems the best. Please answer honestly and make responses based on how you actually are rather than how you would like to be.

The five possible responses are: 0 – Not at all true of me | 1 – Not very true of me | 2 – Somewhat true of me | 3 – Very true of me | 4 – Completely true of me

For each item, circle the one response that most accurately describes you.

1. I have often questioned or pondered the nature of reality.
2. I recognize aspects of myself that are deeper than my physical body.
3. I have spent time contemplating the purpose or reason for my existence.
4. I am able to enter higher states of consciousness or awareness.
5. I am able to deeply contemplate what happens after death.
6. It is difficult for me to sense anything other than the physical and material.
7. My ability to find meaning and purpose in life helps me adapt to stressful situations.
8. I can control when I enter higher states of consciousness or awareness.
9. I have developed my own theories about such things as life, death, reality, and existence.
10. I am aware of a deeper connection between myself and other people.
11. I am able to define a purpose or reason for my life.
12. I am able to move freely between levels of consciousness or awareness.
13. I frequently contemplate the meaning of events in my life.
14. I define myself by my deeper, non-physical self.
15. When I experience a failure, I am still able to find meaning in it.
16. I often see issues and choices more clearly while in higher states of consciousness/awareness.

17. I have often contemplated the relationship between human beings and the rest of the universe.
18. I am highly aware of the nonmaterial aspects of life.
19. I am able to make decisions according to my purpose in life.
20. I recognize qualities in people which are more meaningful than their body, personality, or emotions.
21. I have deeply contemplated whether or not there is some greater power or force (e.g., god, goddess, divine being, higher energy, etc.).
22. Recognizing the nonmaterial aspects of life helps me feel centered.
23. I am able to find meaning and purpose in my everyday experiences.
24. I have developed my own techniques for entering higher states of consciousness or awareness.
24. I have developed my own techniques for entering higher states of consciousness or awareness.

APPENDIX E

Kristen Neff's Self-Compassion Scale Short Form

HOW I TYPICALLY ACT TOWARDS MYSELF IN DIFFICULT TIMES

Please read each statement carefully before answering.

Indicate how often you behave in the stated manner, using the following scale:

Almost Never 1 2 3 4 5 Almost Always

1. When I fail at something important to me I become consumed by feelings of inadequacy.
2. I try to be understanding and patient towards those aspects of my personality I don't like.
3. When something painful happens I try to take a balanced view of the situation.
4. When I'm feeling down, I tend to feel like most other people are probably happier than I am.
5. I try to see my failings as part of the human condition.
6. When I'm going through a very hard time, I give myself the caring and tenderness I need.
7. When something upsets me I try to keep my emotions in balance.
8. When I fail at something that's important to me, I tend to feel alone in my failure.
9. When I'm feeling down I tend to obsess and fixate on everything that's wrong.
10. When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.
11. I'm disapproving and judgmental about my own flaws and inadequacies.
12. I'm intolerant and impatient towards those aspects of my personality I don't like.

Raes, Filip, Pommier, Elizabeth, Neff, Kristen D., and Van Gucht, Dinska. "Construction and Factorial Validation of a Short Form of the Self-Compassion Scale. *Clinical Psychology and Psychotherapy* 18, (2011): 250-255.

APPENDIX F

Prayer and Journal Prompts

Sometimes it can be difficult to pinpoint what is troubling us. This list can help sort through your thoughts to bring clarity.

What's troubling me?

Romantic partner

Kids

Pets

Home

Car

Health

Finances

School

Work

Friends

Family

Purpose

Spiritual/God

Feelings

Parents

World Events

Patients

What's troubling me?

APPENDIX G

To Whom it May Concern: Please feel free to use the Self-Compassion Scale in your research.

Masters and dissertation students also have my permission to use and publish the Self-Compassion Scale in their theses.

The appropriate reference is listed below.

Best, Kristin Neff, Ph. D.

Associate Professor Educational Psychology Dept.

University of Texas at Austin e-mail: [REDACTED].edu

Reference: Neff, K. D. (2003). Development and validation of a scale to measure self-compassion. *Self and Identity*, 2, 223-250.

Coding Key: Self-Kindness Items: 5, 12, 19, 23, 26

Self-Judgment Items: 1, 8, 11, 16, 21

Common Humanity Items: 3, 7, 10, 15

Isolation Items: 4, 13, 18, 25

Mindfulness Items: 9, 14, 17, 22

Over-identified Items: 2, 6, 20, 24

Subscale scores are computed by calculating the mean of subscale item responses. To compute a total self-compassion score, reverse score the negative subscale items before calculating subscale means - self-judgment, isolation, and over-identification (i.e., 1 = 5, 2 = 4, 3 = 3, 4 = 2, 5 = 1) - then compute a grand mean of all six subscale means. Researchers can choose to analyze their data either by using individual sub-scale scores or by using a total score. (This method of calculating the total score is slightly different than that used in the article referenced above, in which each subscale was added together. However, I find it is easier to interpret the total score if a mean is used.)

APPENDIX H

David King

[External] Re: DMin student permission to use Spiritual Intelligence Self-Report Inventory

Thu 9/17/2020 11:15 PM

To:

Gardner-Cook, Ellen

Hi Ellen,

Yes, absolutely. It is free to use for such purposes.

All the best,

David

David King, PhD

Instructor, Department of Psychology / Researcher, Centre for Health & Coping Studies

University of British Columbia - *located on the traditional, ancestral, and unceded territory of the Musqueam people.*

On Sep 17, 2020, at 6:23 PM, Gardner-Cook, Ellen <[REDACTED]@liberty.edu> wrote:

Dear Dr. King,

I am a chaplain with St. Mary's Hospice in Athens, GA and a Doctor of Ministry student at Liberty University working on my thesis project on staff resiliency and combatting compassion fatigue in hospice workers. I would like to use your Spiritual Intelligence Self-Report Inventory tool in my assessments with the participating staff. May I have permission to reproduce it and use it with my staff? I would appreciate your help.

Rev. Ellen Gardner-Cook

APPENDIX I

PERMISSION FOR USE OF THE PERCEIVED STRESS SCALE

I apologize for this automated reply. Thank you for your interest in our work.

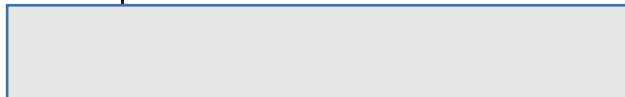
PERMISSION FOR USE BY STUDENTS AND NONPROFIT ORGANIZATIONS: If you are a student, a teacher, or are otherwise using the Perceived Stress Scale (PSS) without making a profit on its use, you have my permission to use the PSS in your work. Note that this is the only approval letter you will get. I will not be sending a follow-up letter or email specifically authorizing you (by name) to use the scale.

PERMISSION "FOR PROFIT" USE: If you wish to use the PSS for a purpose other than teaching or not for profit research, or you plan on charging clients for use of the scale, you will need to see the next page: "Instructions for permission for profit related use of the Perceived Stress Scale".

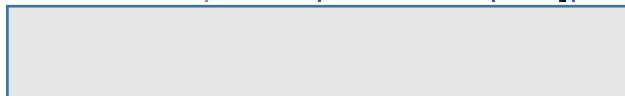
QUESTIONS ABOUT THE SCALE: Information concerning the PSS can be found at <https://www.cmu.edu/dietrich/psychology/stress-immunity-disease-lab/index.html> (click on scales on the front page). Questions about reliability, validity, norms, and other aspects of psychometric properties can be answered there. The website also contains information about administration and scoring procedures for the scales. Please do not ask for a manual. There is no manual. Read the articles on the website for the information that you need.

TRANSLATIONS: The website (see URL above) also includes copies of translations of the PSS into multiple languages. These translations were done by other investigators, not by our lab, and we take no responsibility for their psychometric properties. If you translate the scale and would like to have the translation posted on our website, please send us a copy of the scale with information regarding its validation, and references to relevant publications. If resources are available to us, we will do our best to post it so others may access it.

Good luck with your work.



Sheldon Cohen
Robert E. Doherty University Professor of Psychology



Pittsburgh, PA 15213

APPENDIX J

Permission to Use the ProQOL

Thank you for your interest in using the Professional Quality of Life Measure (ProQOL). Please share the following information with us to obtain permission to use the measure:

Please provide your contact information:

Email Address

Name

ELLEN GARDNER-COOK

Organization Name, if applicable

Country

United States

Please tell us briefly about your project:

I am a hospice chaplain at St. Mary's Hospice in Athens, GA working on my DMIN thesis project. My project is Combatting Compassion Fatigue in Hospice Workers Through Ignatian Spiritual Practices.

What is the population you will be using the ProQOL with?

I will use it with the hospice staff at St. Mary's Hospice in Athens, GA.

In what language/s do you plan to use the ProQOL?

Listed here are the languages in which the ProQOL is currently available

(see https://proqol.org/ProQol_Test.html). If you wish to use a language not listed here, please select "Other" and specify which language/s.

English

The ProQOL measure may be freely copied and used, without individualized permission from the ProQOL office, as long as:

You credit The Center for Victims of Torture and provide a link to www.ProQOL.org;

It is not sold; and

No changes are made, other than creating or using a translation, and/or replacing "[helper]" with a more specific term such as "nurse."

Note that the following situations are acceptable:

You can reformat the ProQOL, including putting it in a virtual format

You can use the ProQOL as part of work you are paid to do, such as at a training; you just cannot sell the measure itself

Does your use of the ProQOL abide by the three criteria listed above? (If yes, you are free to use the ProQOL immediately upon submitting this form. If not, the ProQOL office will be in contact in order to establish your permission to use the measure.)

Yes