

---

# **The Effect of Team Resilient Actions on Compassion Satisfaction Scores in a Primary Care Practice**

**Wendy R. Old, MSN, RN, FNP-C**

DNP Advisor: Elizabeth Friberg, DNP, RN

March 21, 2022

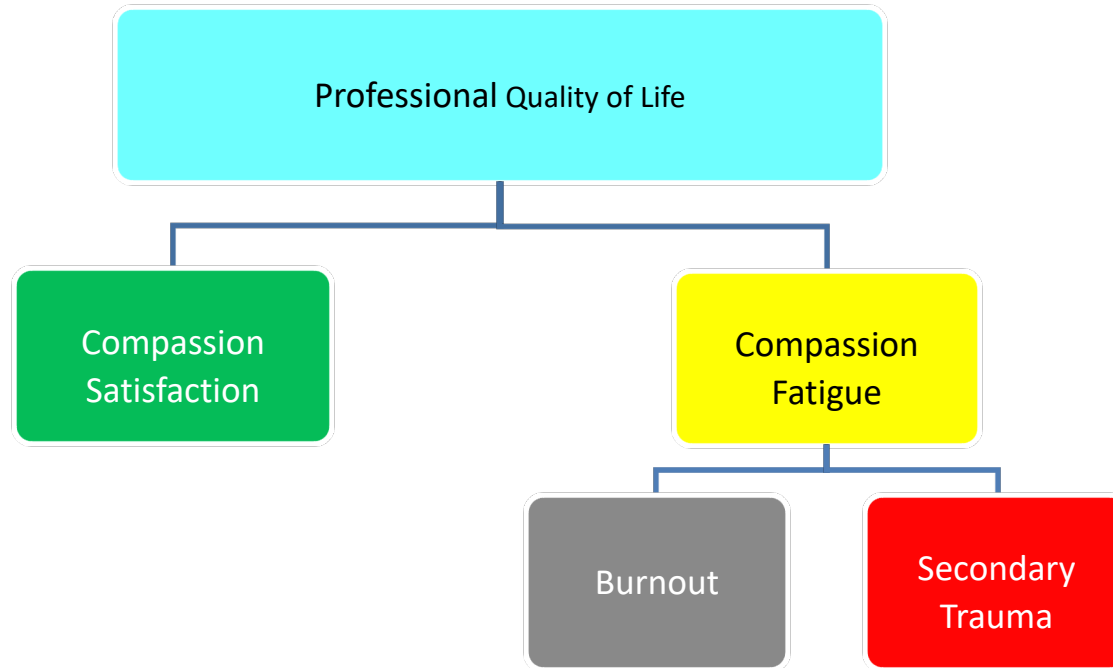
# Introduction

- Healthcare occupational stress can negatively impact every level of healthcare (Bodenheimer & Sinsky, 2014; National Academies of Sciences, Engineering, and Medicine, 2019; Tawfik et al., 2019; Willard-Grace et al., 2019).
- Prevalence of occupational stress among primary care practices is 40-50% (Cheney, 2020)
- Provider quality of life deteriorates when suffering occupational stress

# Introduction

The Professional Quality of Life (ProQOL) model depicts the positive and negative components that contribute to the Professional Quality of Life

## CS-CF Model



---

# Study Question

In healthcare workers who work in a primary care setting, what is the best evidence for team-based interventions that influence perceived job stress?

# Literature Search

Total articles n = 95

WoS 35

PubMed 28

CINAHL 27

PsychInfo 5

Non duplicate 56

Titles & abstracts screened 56

Articles not relevant to primary care  
or study question 36

Full-test articles screened 20

Studies included in review 14

---

# Analysis of the Evidence: Themes

- External Contributors to Burnout
- Internal Contributors to Burnout
- Interventions

---

# Review of the Literature

- **External Contributors to Burnout**
  - Quantity of work
  - Content of work
  - Responsibility-authority mismatch
- **Internal Contributors to Burnout**
  - Demoralization
  - Undervaluation
  - Internal Conflict

---

# Review of the Literature

- **Interventions**
  - *Sense of Community*, open communication, collegiality
  - Workload management, work/life balance, reimbursement
  - Value models, improved scheduling, staff support
- **Duhoux et al. (2017) conducted an integrative review of 7 intervention studies and found that all interventions positively impacted outcomes**



---

# Analysis of the Evidence

- The evidence revealed a focus for intervention:
  - *Sense of Community* can improve team members' feelings of Compassion Satisfaction
- *Sense of Community*
  - Feelings of team membership
  - Trust
  - Feeling recognized and appreciated
  - Social connectedness

---

# Theoretical Framework

- Model for Evidence Based Practice Change (Rosswurm & Larrabee, 1999)
  1. Assess the need for change in practice
  2. Locate the best evidence
  3. Critically analyze the evidence
  4. Design practice change
  5. Implement and evaluate change in practice
  6. Integrate and maintain change in practice (Melnyk & Fineout-Overholt, 2019, pp. 395-398).

---

# Methods

To increase Compassion Satisfaction Scores  
with Team Resilient Actions

## Evidence Based Practice Design

- Intervention: address the *Sense of Community*
- Goal is to increase Compassion Satisfaction Score
- Measure is Compassion Satisfaction Score of ProQOL survey

# Definition of Terms

- Professional Quality of Life: the quality one feels in relation to their work as a helper. It has positive and negative aspects.
- Positive Aspect of ProQOL: Compassion Satisfaction: The pleasure one derives from being able to do their work well
- Negative Aspects of ProQOL: Compassion Fatigue: The loss of pleasure of doing one's work
  - Burnout: it is the feelings of hopelessness and difficulties in dealing with work and doing your job effectively
  - Secondary Traumatic Stress: a negative feeling driven by trauma at work
- *Sense of Community*:
  - Members have a feeling of belonging (team membership)
  - Members have a feeling of mattering to one another (recognition and appreciation)
  - Members are committed to one another (trust)
  - Members have a feeling of social connectedness (social connectedness)

---

# Setting

- Southeastern Virginia Family Practice Office
- Team members include:
  - Physicians
  - Nurse Practitioners
  - Physician Assistants
  - Medical Assistants
  - Administrative Support Staff
  - Clerical Employees
  - Managers

---

# Description of the Sample

- Convenience Sample
- All staff were eligible for participation
- Participation was voluntary
  - Completing Survey was consent
- Completed pre- & post- intervention survey
- Sample size 14

# Measures

- ProQOL Version 5 (2009) survey

- (Stamm, B.H. (2010). The Concise ProQOL Manual, 2nd Ed. Pocatello, ID: ProQOL.org)
- Used with permission
- Pre- and Post- interventions
- 30 questions
  - Questions 3, 6, 12, 16, 18, 20, 22, 24, 27, 30 are used to determine Compassion Satisfaction Score

- Compassion Satisfaction Scale

The sum of the Compassion Satisfaction Questions	Compassion Satisfaction Level
22 or less	Low
23-41	Moderate
42 or more	High

- Demographics

- Sex, age, job title, how long in profession, how long in practice

---

# Data Analysis Plan

- IBM SPSS, version 26
- Paired samples t-test
- Wilcoxon Matched Pairs Test
  - Aggregate Scores of Compassion Satisfaction, Burnout, and Secondary Trauma Stress
  - Individual Element Scores



---

# Protection of Human Subjects

- Received approval:
  - Sentara Ambulatory Services Division Nurse Executive
  - Sentara Ambulatory Services Division Nursing Research Forum
  - Eastern Virginia Medical School (EVMS) IRB
  - University of Virginia IRB Determination of UVA Agent Form
- Protection of Privacy & Confidentiality
  - Unique number (mother's date of birth)
  - Surveys and demographic information stored in a locked drawer in a locked office
- Completing survey conferred consent
- Data management/protection/destruction statement
  - Will be submitting to the UVa SON protected server

---

# Implementation

- Recognition, feeling valued, and appreciated
- Social Connectedness and Team Membership
- Connectedness and Collegiality
- Build Teamwork

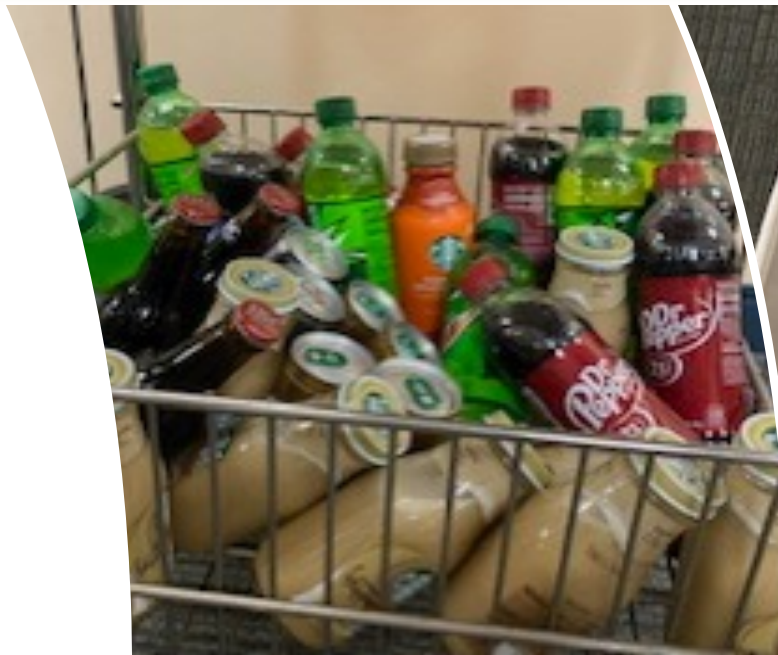
---

# Procedures

- Recognition, feeling valued, and appreciated
  - Posterboard
  - Goody box
- Social Connectedness and Team Membership
  - Monthly community drive
    - School supplies, homeless shelter needs, toy drive
- Connectedness and Collegiality
  - Team lunches, birthday celebrations, or theme parties
- Build teamwork
  - Team building games, share accomplishments, narrative appreciation

Recognition,  
feeling valued,  
and appreciated

- Posterboard
- Goody Box
- Distributed 129 appreciation goodies







Social  
Connectedness and  
Team Membership  
Monthly  
Community Drives

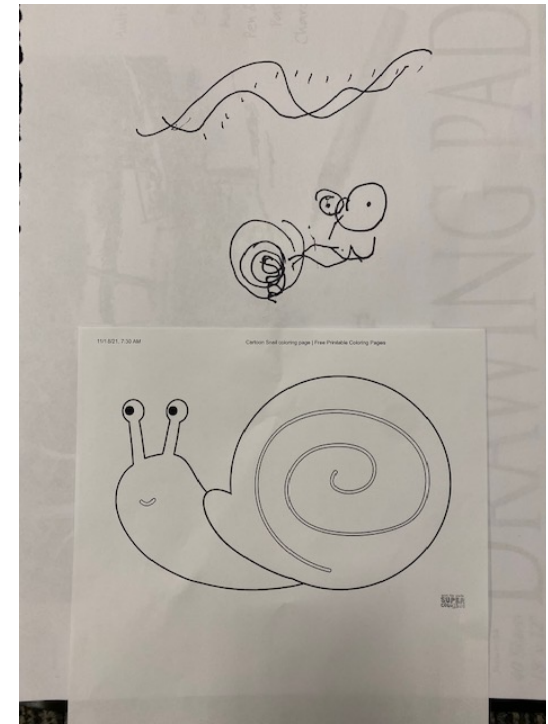
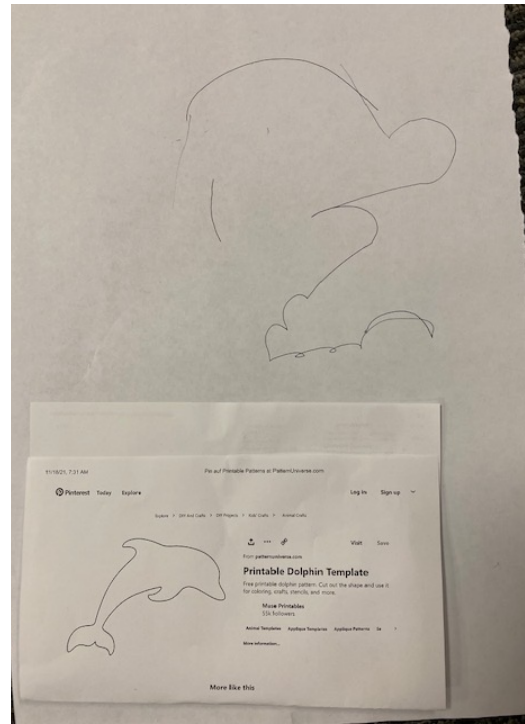
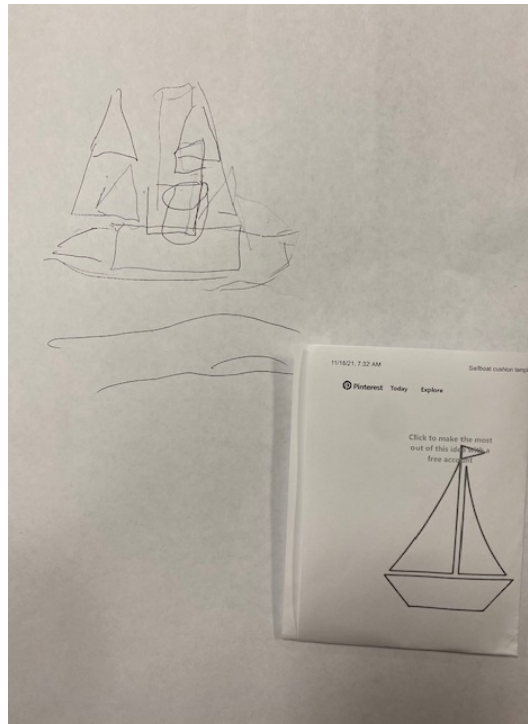
Weeks 1-4: School Supplies  
Weeks 5-8: Help and Emergency Response (HER)  
Shelter  
Weeks 9-12: Toy Drive

---

# Connectedness and Collegiality

Team lunches, birthday celebrations, parties

- Ice Cream Party
- Halloween Party
- Sub sandwich Lunch
- Pizza Party
- Birthday Cake Celebration



# Build Teamwork Team building activities

- Exercise #1
  - Magic Stick activity
    - Work as a team
- Exercise #2
  - Conducted Story
    - Listening with no preconceptions
- Exercise #3
  - Blind drawing
    - Communication
    - Creative thinking

---

# Project Strengths & Limitations

- Strengths
  - “Buy in” by all staff
  - Support by administration
  - FUN!
  - Cost
- Limitations
  - COVID-19 restrictions
  - Continued Staff Turnover
  - Time intensive
  - Multiple Staff out for extended time
  - Sample size



# Results

- Sample size 14
- Shapiro-Wilk and Kolmogorov-Smirnov tests of normality supported that the variable (compassion satisfaction) was normally distributed
- The Paired T-test indicates that there was **not** a significant increase in compassion satisfaction scores from pre-intervention ( $M = 40.36$ ,  $SD = 1.80$ ) to the post-intervention ( $M = 40.29$ ,  $SD = 1.80$ );  $t(13) = .11$ ,  $p = .457$ , one-tailed.
- The Cohen's  $d$  (.029) and eta squared statistic (.0009) indicate a nil to minimum effect size.
- The G-Power software calculated the Power ( $1 - \beta$  probability error) equal to 0.5507. The post-hoc achieved Power is below the minimum threshold value of 0.80, thus the achieved Power for this particular statistical test with the parameters of 1-tailed, mid-effect size,  $\alpha = 0.05$ , sample size of 14 is not sufficient.

# Results

- Burnout
  - The Paired-T test indicated that there **was** a statistically significant decrease in burnout from the pre-intervention ( $M = 25.14$ ,  $SD = 2.01$ ) to the post-intervention ( $M = 23.36$ ,  $SD = 1.78$ );  $t(13) = 2.08$ ,  $p = .029$ , one-tailed. The Cohen's  $d$  (.56) and the eta squared statistic (.25) indicate a medium to large effect size
- Secondary Trauma
  - The non-parametric statistical test Wilcoxon Signed Ranked test did **not** reveal a statistically significant reduction in secondary trauma scores following the intervention,  $z = -1.447$ ,  $p = .07$ . with a medium effect size ( $r = .27$ ).

---

# Discussion

- The intervention to address the *Sense of Community* did not result in change in Compassion Satisfaction Score
- Did improve Burnout Score
- Positive trend for Secondary Trauma

---

# Discussion

- Started with a moderate Compassion Satisfaction score — 40.36
- Started with a moderate Burnout score—25
- Started with a low Secondary Trauma score –22
- ProQOL scale:
  - 0-22: low
  - 23-41: moderate
  - 42 or higher: high

---

# Discussion

- Project shows capacity to improve occupational stress.
- Revisit steps of Evidence-Based Practice Change Model
  - Refine the literature search
  - Ask staff which interventions they found most meaningful
  - Ask staff to be on Intervention Team

---

# Sustainability of Practice Intervention

- New management expresses interest in continuing the activities that were initiated—a team has been sought

---

# Nursing Practice Implications

- Goals
  - improve perceived levels of occupational stress
    - Compassion Satisfaction, Compassion Fatigue (burnout, Secondary Trauma)
  - Decrease turnover
  - Increase teamwork
  - Decrease absenteeism, presenteeism
  - Increased patient care and satisfaction scores

---

# Dissemination

- Academic dissemination: UVA LIBRA repository
- Internal institutional dissemination
  - Presentations to office staff, Ambulatory Nursing Research Forum
- External dissemination
  - Manuscript publication
    - Journal of Nursing Management (3.325)



---

# References

- Bodenheimer, T., & Sinsky, C. (2014). From triple to quadruple aim: Care of the patient requires care of the provider. *The Annals of Family Medicine*, 12(6), 573–576.  
<https://doi.org/10.1370/afm.1713>
- Cheney, C. (2020, July 10). How to reduce anxiety and burnout at primary care practices. <https://www.healthleadersmedia.com/clinical-care/how-reduce-anxiety-and-burnout-primary-care-practices>
- Duhoux, A., Menear, M., Charron, M., Lavoie-Tremblay, M., & Alderson, M. (2017). Interventions to promote or improve the mental health of primary care nurses: A systematic review. *Journal of Nursing Management*, 25(8), 597–607.  
<https://doi.org/10.1111/jonm.12511>
- Melnyk, B. M., & Fineout-Overholt, E. (2019). *Evidence-based practice in nursing and healthcare* (4<sup>th</sup> ed.). Wolters Kluwer.
- National Academies of Sciences, Engineering, and Medicine. (2019). *Taking action against clinician burnout: A systems approach to professional well-being*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25521>

# References (Continued)

Rosswurm, M. A., & Larrabee, J. H. (1999). A model for change to evidence-based practice. *Image: The Journal of Nursing Scholarship*, 31(4), 317–322.

<https://doi.org/10.1111/j.1547-5069.1999.tb00510.x>

Shanafelt, T., Goh, J., & Sinsky, C. (2017). The business case for investing in physician well-being. *JAMA Internal Medicine*, 177(12), 1826–1832.

<https://doi.org/10.1001/jamainternmed.2017.4340>

Stamm, B.H. (2010). The Concise ProQOL Manual, 2nd Ed. Pocatello, ID: ProQOL.org

Tawfik, D. S., Scheid, A., Profit, J., Shanafelt, T., Trockel, M., Adair, K. C., Sexton, J. B., &

Ioannidis, J. P. A. (2019). Evidence Relating Health Care Provider Burnout and Quality of Care. *Annals of Internal Medicine*, 171(8), 555–567.

<https://doi.org/10.7326/M19-1152>

Willard-Grace, R., Knox, M., Huang, B., Hammer, H., Kivlahan, C., & Grumbach, K.

(2019). Burnout and health care workforce turnover. *Annals of Family Medicine*, 17(1), 36–41. <https://doi.org/10.1370/afm.2338>

# Questions