

Piloting the Perfect Storm: A Vision for the Vital Practitioner

By: Corey Pressman, [Amber Vermeesch](#)

Braband, B., Pressman, C., & Vermeesch, A. (2022). Piloting the Perfect Storm: A Vision for the Vital Practitioner. *Journal of Nursing Education*, 61(1), 46-49 DOI: 10.3928/01484834-20211203-04

***© 2022, SLACK Incorporated. Reprinted with permission. No further reproduction is authorized without written permission from SLACK Journals. This version of the document is not the version of record. Figures and/or pictures may be missing from this format of the document. ***

Made available courtesy of SLACK Journals: <https://doi.org/10.3928/01484834-20211203-04>

Abstract:

Background: A private university nursing program established the Initiative for Vital Practice in response to increasing levels of compassion fatigue (CF) and burnout among faculty and staff during an undergraduate program revision and accompanying leadership transitions.

Method: A pilot mixed-method project evaluated self-management practices meant to mitigate CF among faculty and staff.

Results: Faculty and staff (N = 34) identified four primary risk factors for CF, including physical symptoms (14 of 34 = 41%); feeling trapped in work (14 of 34 = 41%); lacking time away from work (11 of 34 = 32%); and inability to work hard enough (10 of 34 = 29%). Individual and organizational stressors and alleviators were analyzed; aggregate scores for three Professional Quality of Life scales presented at a “moderate level.”

Conclusion: Preliminary results establish a baseline to measure the effect of burnout and secondary stress and guide further development of our organizational framework and initiative.

Keywords: nursing | Initiative for Vital Practice | compassion fatigue | burnout | university faculty and staff | undergraduate program revision | leadership transition

Article:

In late 2019, the Initiative for Vital Practice (I4VP) was established in response to observations of compassion fatigue (CF), including increased levels of perceived stress, among faculty, staff, and students at the University of Portland's School of Nursing (SON). The I4VP team's primary goal is to create a sustainable pathway for increasing interdisciplinary vital practice for our faculty, staff, and students, and to eventually extend it beyond our SON. The vital practitioner is a caregiver professional who engages in systematic reflection and self-care activities designed to increase subjective vitality, thereby mitigating burnout and CF. Although the initiative originated in the

SON with faculty and staff, we believe it is important to identify and investigate incidences of CF among all campus faculty and staff.

Background

The purpose of this article is to provide background and methods of how one SON program created a sustainable and effective pathway for its faculty, staff, and students who were expressing increased risk factors of CF and burnout prior to the emergence of the coronavirus disease 2019 (COVID-19) pandemic due to their response to the overwhelming workload affected by program curriculum revisions, significant leadership changes, and additional innovations in our simulation center. Although these individual circumstances are a normal part of every institution of higher education, the combination of these circumstances combined with the global pandemic created our “perfect storm” of chaos and increased risks of burnout. Our hope is to provide a blueprint for other universities to develop and tailor their own pathways in response to not only the traditional overwhelming demands of academia, but also to our world continuing to reel from the pandemic and its aftermath. This is a critical opportunity to guide the grand period of disruption that resulted from the COVID-19 pandemic and to create sustained pathways for increasing resiliency and reducing risk factors of CF.

To date, the I4VP initiative has engaged in the initial baseline assessment of needs and risk factors of CF and burnout with faculty and staff, developed a preliminary program intervention framework, and secured external funding.

Literature Review

The organizational, psychological, and neurological dimensions of vicarious trauma and CF are now well-defined and are well-understood (Figley, 2002), resulting in developments in interdisciplinary fields including psychology, traumatology, and organizational psychology (Seppala et al., 2017). Pearlman and Saakvitne (1995, p. 31) define vicarious traumatization as the “cumulative transformation in the inner experience of the [caregiver] that comes about as a result of empathic engagement with the client's traumatic material.” CF is defined as “a state of exhaustion and dysfunction, biologically, physiologically, and emotionally, as a result of prolonged exposure to compassion stress,” which is coupled with and compounded by burnout (Figley, 1995, p. 235).

Burnout is defined as “a syndrome of emotional exhaustion and cynicism that occurs frequently among individuals who work with people” (Maslach et al., 1982, p. 99). Caregiving professions in general, including nursing, are a frequent focus and context for interventions due to these professions' inherent high risk for CF and burnout. Existing CF interventions propagated in the nursing profession focus on mindfulness practices and other general modalities of individually oriented “self-care” (Abernathy & Martin, 2019; Delaney, 2018; Kravits et al., 2010; Wendt et al., 2011). The success of these interventions is supported by the literature on the efficacy of mindfulness for general mental health (Mace, 2008) and for mitigating stress and trauma (Follette et al., 2006) to support resilience and subjective vitality. Resilience is operationalized as “the role of mental processes and behavior in promoting personal assets and protecting an individual from the potential negative effect of stressors” (Fletcher & Sarkar, 2013, p. 12). Our team has identified the vital practitioner as a caregiver professional who engages in systematic self-care activities designed to increase subjective vitality, thereby mitigating CF and burnout.

The development of self-determination theory (SDT) provides a compelling and evidence-based framework of the relationship between (1) subjective vitality; (2) the psychological enhancing components of autonomy, competency, and relatedness; and (3) physical and emotional wellness (Gagné et al., 2015). SDT presents several effective meters and techniques for measuring and mitigating low subjective vitality, a condition associated with burnout (Fernet et al., 2013), and, more directly, CF (Martin-Cuellar et al., 2019). Vitality-based interventions include but are not limited to activities such as expressive arts (Hyatt, 2020; Sexton et al., 2009), forest bathing (Hansen et al., 2017), spiritual practices, holistic wellness, and physical activity (Sexton et al., 2009).

Polyvagal theory provides an additional compelling framework for understanding and self-regulating stress and trauma affecting a wide range of developmental, psychological, and physiological factors (Porges, 2011). Traumatologists now recognize a direct relationship between vagal nerve self-regulation and the prevention and treatment of the sort of “moral injury” that defines CF (Gentry, 2016).

Based on the dynamic between mindfulness, subjective vitality, and vagal self-regulation, we are formulating a hypothesis that supports self-care interventions directed toward the onset and mitigation of CF and burnout. Our emerging hypothesis posits a negative relationship between subjective vitality and susceptibility to the onset and mitigation of CF and burn-out. Therefore, individuals and organizations that possess and encourage strong vitality hygiene (including lessons learned from polyvagal theory) will be less exposed to CF and its many pathogenic perils.

We will prototype and measure a set of evidence-based interventions for mitigating and treating CF that employs lessons from subjective vitality, self-determination theory, and polyvagal theories. These interventions will form the skill set or self-care repertoire of the vital practitioners. A replicable vital practitioner initiative will be propagated via professional training, SON curriculum, conferences, books, videos, and other broadcast media.

In addition to this hypothetical self-care framework, we are poised to explore the effect and interventions for CF and burnout from an organizational or systems level. Our team distinguishes vital organizations as organizations with structures and cultural practices that align with evidence-based best practices around subjective vitality, motivation, and self-regulation. Although propagating methods of individual resiliency remains a relevant mitigation strategy, it has been noted that organizational change is central to a robust and lasting solution (Bober & Regehr, 2006). Even in the pre-COVID 21st century, researchers noted the deleterious effects of an increasing volatility, uncertainty, complexity, and ambiguity (VUCA) associated with the “sociological acceleration” of workplace technology, social structure, and temporal demands (Kinsinger & Walch, 2012; Korunka & Kubicek, 2017; Rosa & Trejo-Mathys, 2013). In this way, the sociocultural dimension of organizations contributes directly to employee quality of life, mental health, and attrition (Coetzee et al., 2018). This is highlighted in the onset of more profound VUCA conditions instigated by COVID-19, economic recession, and widespread social unrest.

Method

This multiphase, multiyear research study's goals include identifying risk factors associated with workplace stress, burn-out, and CF, as well as developing a theoretical framework and a concomitant system of effective, sustainable, organizational, and psychosocial interventions. These solutions will be prototyped and implemented within the SON, tested for feasibility, and further developed prior to implementation beyond the SON. Also, we are committed to serving the

greater health care community by offering an informational hub through social platforms for discoveries and discussions surrounding burnout and CF.

Phase 1

In late 2019, following university Institutional Review Board approval, the I4VP engaged in a preliminary mixed methods research project to determine the baseline needs and issues surrounding CF and burnout for faculty and staff (N = 34) within the SON at a small, private, faith-based university. Mixed-methods data collection with nursing faculty and program staff (N = 34) was conducted via two instruments, the Professional Quality of Life (ProQOL) (Stamm, 2010a) and the Multidimensional Work Motivation (Gagne et al., 2015). The ProQOL survey consists of three subscales that measure constructs of compassion satisfaction ($\alpha = .90$), secondary traumatic stress ($\alpha = .84$), and burnout ($\alpha = .80$); with corresponding evidence of reliability noted for each construct (Heritage et al., 2018). Good construct validity has been demonstrated through 200 publications and 100 research studies. The three scales measure separate constructs, and the CF scale is distinct. The interscale correlations show 2% shared variance ($r = -.23$; $\text{co-}\sigma = 5\%$; $n = 1187$) with secondary traumatic stress and 5% shared variance ($r = -.14$; $\text{co-}\sigma = 2\%$; $n = 1187$) with burnout (Stamm, 2010b). In addition to these quantitative Likert-scale surveys, qualitative data were obtained via three open-ended questions requesting more information related to additional stress sources, personal preferences for best alleviators of stress, as well as what the institution could do to offer better support.

After this initial assessment with the SON dean's full support, the I4VP was established through a formalized new SON committee, with the intent to offer caregiver professionals a systematic self-care program designed to increase subjective vitality, thereby mitigating CF and burnout. The I4VP launched a free webinar series supporting front-line health care providers during the COVID-19 pandemic; there was strong participation, further confirming the need for this organizational support. We have also introduced a narrative medicine practice with faculty and staff by creating an online haiku gallery wherein colleagues can leave and read haikus about their daily work and life experiences, encouraging and scaffolding a low-barrier expressive arts activity that additionally benefits from a social dimension.

Phase 2

As we enter the next phase of the project in the current academic year, ongoing data collection to assess the institution's SON faculty and staff's needs will continue with surveys and additional focus groups to further identify key "first-step" interventions and to develop an actionable framework and program to address CF and burnout at both individual and organizational levels. The primary work of this phase will focus on the development, testing, implementation, and outcome measurement of effective organizational and individual interventions and treatments designed to alleviate CF and burnout. Committee members will also present biweekly online sessions focused on reflection and self-care activities to support adjustments and coping during implementation of online class and work environments.

Phase 3

Partnerships with key stakeholder faculty members beyond the SON will be explored through a multisite research project, with ongoing data collection to evaluate the program and interventions for all faculty in higher education. An additional focus will include using findings to develop new undergraduate and graduate curriculum and program resources surrounding these issues for students. Dissemination of program intervention activities and outcomes will occur within all project phases with potential collaborative interdisciplinary university, community and health service system partners via online outreach, conference presentations, and publications.

Results

Preliminary baseline findings and pre-initiative launch for SON faculty and staff (N = 34) identified several CF risk factors. The top four items (based on frequency for each item) included (1) physical symptoms of back pain, migraines, depression, and/or high blood pressure or other physical symptoms (14/34 = 41%); (2) feeling like you can never get away from work (14 of 34 = 41%); (3) feeling when [you have] time off you have to hurry up and relax (11 of 34 = 32%); and (4) feeling like you never work hard enough (10 of 34 = 29%). The ProQOL instrument provides data for three discrete but related scales: the Compassion Satisfaction Scale, the Burnout Scale, and the Secondary Traumatic Stress Scale. All three scales used the following ranges to categorize low, moderate, and high scores categories: low = 22 or less; moderate = between 23 and 41; and high = 42 or more. Results indicated that faculty and staff had aggregated moderate scores for all three scales: a score of 27 on the Compassion Satisfaction Scale; a score of 24 on the Burnout Scale; and a score of 27 on to the Secondary Traumatic Stress scale.

The following two primary stress alleviators to minimize CF and burnout were identified through responses to open-ended questions by faculty and staff: (1) “no work” times (boundaries); and (2) limiting the number of new class preps. Institutional or organizational level stress alleviators included (1) needing to provide time together for work and leisure; (2) identification of “no work” times including academic breaks; and (3) the reduction of workload and duplicative work.

Discussion

These results establish a baseline identifying the existence and extent of an underlying organizational environment in which the conditions and risk factors of CF and burnout are prevalent. These preliminary findings of significant and urgent precursors indicate that moderate levels of CF, burnout, and secondary trauma are present. Subjective vitality and motivation scores were low, presenting a risk for high levels of CF and burnout. This baseline assessment was completed prior to the emergence of the pandemic, which brought on economic effects such as significant faculty pay cuts, and the social unrest in the U.S. Although the initial focus of our work is on the vitality of the individual practitioner, our research is already looking beyond to the organizational factors contributing to CF and burnout. We intend to extend our findings about effective support for vital practitioners to enhance support for vital organizations. Furthermore, we hope to encourage organizations to align with evidence-based best practices around mindfulness, subjective vitality, and self-regulation. The timing is critical to evaluate the efficacy of the future program framework and organizational interventions.

Conclusion

As stated before, our hope is to provide a blueprint for other universities to develop and tailor their own pathways to vital practice as our world continues to reel from the pandemic and its aftermath. Institutions of higher education, especially those that educate the next generation of caregivers, are at particular risk. This initiative presents opportunities to create sustainable and replicable pathways for increasing resiliency and reducing risk factors of CF. Once established, a vital practitioner skill set can be propagated via professional training, curriculum material, conferences, books, videos, and other broadcast media. We envision a future in which vital practitioners participate in vital organizations, the common denominators of vitality and mindfulness providing reliable readiness and resilience responsive to the perennial volatility and uncertainty that is life in the 21st century.

References

- Abernathy, S., & Martin, R. (2019). Reducing compassion fatigue with self-care and mindfulness. *Critical Care Nurse*, 14(5), 38–44. 10.1097/01.CCN.0000578852.69314.be PMID: 31575593
- Bober, T., & Regehr, C. (2006). Strategies for reducing secondary or vicarious trauma: Do they work? *Brief Treatment and Crisis Intervention*, 6(1), 1–9. 10.1093/brief-treatment/mhj001
- Coetzee, M., Potgieter, I. L., & Ferreira, N. (2018). *Psychology of retention: Theory, research and practice*. Springer International Publishing. 10.1007/978-3-319-98920-4
- Delaney, M. C. (2018). Caring for the caregivers: Evaluation of the effect of an eight-week pilot mindful self-compassion(MSC) training program on nurses' compassion fatigue and resilience. *PLoS One*, 13(11), e0207261–e0207261. 10.1371/journal.pone.0207261 PMID: 30462717
- Fletcher, D., & Sarkar, M. G. (2013). Psychological resilience: A review and critique of definitions, concepts, and theory. *European Psychologist*, 18(1), 12–23. 10.1027/1016-9040/a000124
- Fernet, C., Austin, S., Trépanier, S. G., & Dussault, M. (2013). How do job characteristics contribute to burnout? Exploring the distinct mediating roles of perceived autonomy, competence, and relatedness. *European Journal of Work and Organizational Psychology*, 22(2), 123–137. 10.1080/1359432X.2011.632161
- Figley, C. R.(Ed.)(1995). *Compassion fatigue: Coping with secondary traumatic stress disorder in those traumatized*. Brunner/Mazel.
- Figley, C. R.(Ed.)(2002). *Treating compassion fatigue*. Brunner-Routledge.
- Follette, V., Palm, K. M., & Pearson, A. N. (2006). Mindfulness and trauma: Implications for treatment. *Journal of Rational-Emotive & Cognitive-Behavior Therapy*, 24(1), 45–61. 10.1007/s10942-006-0025-2
- Gagné, M., Forest, J., Vansteenkiste, M., Crevier-Braud, L., Van den Broeck, A., Aspley, A. K., Bellerose, J., Benabou, C., Chemolli, E., Güntert, S. T., Halvari, H., Indiyastuti, D. L., Johnson, P. A., Molstad, M. H., Naudin, M., Ndao, A., Olafsen, A. H., Roussel, P., Wang, Z., & Westbye, C. (2015). The multidimensional work motivation scale: Validation evidence in seven languages

and nine countries. *European Journal of Work and Organizational Psychology*, 24(2), 178–196. 10.1080/1359432X.2013.877892

Gentry, J. E. (2016). *Forward-facing trauma therapy: Healing the moral wound*. Compassion Unlimited.

Hansen, M. M., Jones, R., & Tocchini, K. (2017). Shinrin-Yoku (forest bathing) and nature therapy: A state-of-the-art review. *International Journal of Environmental Research and Public Health*, 14(8), 851. 10.3390/ijerph14080851 PMID: 28788101

Heritage, B., Rees, C. S., & Hegney, D. G. (2018). The ProQOL-21: A revised version of the Professional Quality of Life (ProQOL) scale based on Rasch analysis. *PLoS One*, 13(2), e0193478. 10.1371/journal.pone.0193478 PMID: 29489875

Hyatt, L. (2020). From compassion fatigue to vitality: Memoir with art response for self-care. *Art Therapy: Journal of the American Art Therapy Association*, 37(1), 46–50. 10.1080/07421656.2019.1677423

Kinsinger, P., & Walch, K. (2012). *Living and leading in a VUCA world*. Thunderbird University. <http://knowledge.network.thunderbird.edu/research/2012/07/09/kinsinger-walch-vuca/>

Korunka, C., & Kubicek, B. (2017). Job demands in a changing world of work. In Korunka C. & Kubicek B. (Eds.), *Job demands in a changing world of work*. Springer. 10.1007/978-3-319-54678-0_1

Kravits, K., McAllister-Black, R., Grant, M., & Kirk, C. (2010). Self-care strategies for nurses: A psycho-educational intervention for stress reduction and the prevention of burnout. *Applied Nursing Research*, 23(3), 130–138. 10.1016/j.apnr.2008.08.002 PMID: 20643322

Mace, C. (2008). *Mindfulness and mental health: Therapy, theory and science*. Routledge/Taylor & Francis Group.

Martin-Cuellar, A., Lardier, D. T., Jr, Atencio, D. J., Kelly, R. J., & Montanez, M. (2019). Vitality as a moderator of clinician history of trauma and compassion fatigue. *Contemporary Family Therapy*, 41(4), 408–419. 10.1007/s10591-019-09508-7

Maslach, C. (1982). *Burnout: The cost of caring*. Prentice Hall.

Porges, S. W. (2011). *The polyvagal theory: Neurophysiological foundations of emotions, attachment, communication, and self-regulation*. W.W. Norton & Company.

Pearlman, L. A., & Saakvitne, K. W. (1995). *Trauma and the therapist: Counter-transference and vicarious traumatization in psychotherapy with incest survivors*. Norton.

Rosa, H., & Trejo-Mathys, J. (2013). *Social acceleration: A new theory of modernity*. Columbia University Press. 10.7312/rosa14834

Seppala, E. M., Simon-Thomas, E., Brown, S. L., Worline, M. C., Cameron, C. D., & Doty, J. R. (Eds.) (2017). *The Oxford handbook of compassion science*. Oxford University Press.

Sexton, J. D., Pennebaker, J. W., Holzmueller, C. G., Wu, A. W., Berenholtz, S. M., Swoboda, S. M., Pronovost, P. P., & Sexton, J. B. (2009). Care for the caregiver: Benefits of expressive writing for nurses in the United States. *Progress in Palliative Care*, 17(6), 307–312. 10.1179/096992609X12455871937620

Stamm, B. H. (2010a). The ProQOL(Professional Quality of Life) scale: Compassion satisfaction and compassion fatigue. ProQOL.org.

Stamm B. H. (2010b). The concise ProQOL manual.

<https://img1.wsimg.com/blobby/go/dfc1e1a0-a1db-4456-9391-18746725179b/downloads/ProQOL%20Manual.pdf?ver=1622839353725>

Wendt, S., Tuckey, M. R., & Prosser, B. (2011). Thriving, not just surviving, in emotionally demanding fields of practice. *Health & Social Care in the Community*, 19(3), 317–325.
10.1111/j.1365-2524.2010.00983.x PMID: 21276106