iCare: A Self-Care Program for Hospice Employees

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Abstract

Often professionals in the social work and relating fields carry out jobs that are emotionally and mentally demanding, leading to stress, compassion fatigue, anxiety, burnout, depression, staff turnover, and psychological distress. This is especially true for professionals in hospice care, who many do not have self-care habits or routines to offer balance for their personal health and wellbeing. iCare is a program proposal that has a goal to increase well-being for these staff by providing easy access to essential self-care practices which include strategies related to the physical, emotional, mental, and spiritual health. The iCare program, which will implement self-care based on Commitment, Accountability, Rewards, and Electronic applications, is designed to be a pilot program for healthcare professionals who currently work at Hearth Hospice in Chattanooga, TN. The iCare self-care program aims to reduce anxiety, compassion fatigue, burnout, and turnover intention in hospice employees by implementing an intervention, which will require its participants to engage in self-care for a minimum of three times a week for a total of six months. Pre and post-program surveys, which include scales to measure levels of anxiety, burnout, compassion fatigue, and turnover intention, will be administered to collect data on the program's effectiveness.

Keywords: self-care, hospice, burnout, compassion fatigue

Background of the Problem

Social Problem Addressed

Four Master of Social Work students have had multiple graduate classes that emphasize the importance and need for self-care but have observed in their field experiences that many social workers do not actually practice regular self-care habits, which contributes to burnout and stress. The social problem being addressed is the need for those who work in the specific field of hospice to practice effective self-care for their own health and wellbeing but also to provide effective care to their clients. These hospice care professionals include hospice nurses, certified nurse assistants, chaplains, and social workers. Self-care is defined as "a set of purposeful behavioral strategies that promote wellbeing of the self but also help to reduce stress and overcome challenges that enable the worker to engage effectively with their clients" (Acker, 2018). Research has shown that death and dying are sources of occupational stress for those who practice in palliative and hospice care settings (Chan et al., 2016). Those who work in this field are in different but emotionally demanding roles that may lead to stress, compassion fatigue, death anxiety, burnout, depression, staff turnover, and psychological distress. The wellbeing of hospice staff affects the quality of care of both hospice patients and their caregivers. One study estimated that 50% of all palliative care staff are at risk for poor psychological outcomes because of an insufficient ability to cope with the demands of the job (Hill, Dempster, Donnelly, & McCorry, 2016). How can hospice employees effectively help others when they do not take care of themselves? An analogy has been made to airplane passengers being instructed in pre-flight emergency procedures to place oxygen masks on themselves *first* before helping children, the elderly, or others in need (Dattilio, 2015). Professionals who work in a helping field, such as hospice, spend the majority of their time and energy focusing on other people and sometimes can neglect their own needs. The consequences of this neglect and ways to prevent it through proper self-care are the crux of this program proposal.

One reason for the increasing importance for self-care practices for social workers is due to the restructuring of services in the 1990s when managed care practices altered the provision of mental and physical healthcare services (Acker, 2018). This resulted in budget cuts and a new focus on increased productivity and efficiency, yet at lower costs (Acker, 2018). Social workers in particular had to adapt to reduced autonomy, more accountability, stricter guidelines, more documentation, and a new emphasis on cost effectiveness and measurable outcomes. These industry changes negatively affected job satisfaction and influenced negative behaviors such as tardiness, poor work performance, and job turnover (Acker, 2018). An editorial writer in *Social Work* journal wrote, "we are so busy reading an email, helping an individual, changing a system, or engaging a community that we neglect to pause, put on our mask, and take care of ourselves so that we are fully ready to engage the day" (Bent-Goodley, 2018).

There has been very little research on the self-care practices of palliative care employees. A study in one southeastern U.S. state found that healthcare social workers in general admitted to only moderate engagement in self-care practices (Miller et al., 2017). A writer for the National Association of Social Workers (NASW, 2017) pointed out a weakness in the revised *Code of Ethics* by articulating that the updated ethical standards place a maximum emphasis on the wellbeing of clients but provide very little guidance on the importance of wellness for those who serve. Willis and Molina (2018) state that, "without the server, there is no service". In addition to social work, this lack of emphasis on self-care can also be found in other helping professions, such as nursing and counseling, whose professional codes of conduct focus on self-care only when they become aware of a problem that might interfere with their duties but do not address the importance of maintaining a self-care plan as a preventive measure (Willis & Molina, 2018).

The field of palliative and hospice care involves numerous emotional demands that can create stress among employees and thus increase the need for self-care. These professional

demands include having to relay bad news, absorbing negative emotional responses, coping with an inability to cure, working with those who suffer, and a reoccurring exposure to death and dying. A general study of healthcare professionals found that 74% of participants reported insufficient hours of sleep, 68% reported irregular physical activity, and 45% admitted to poor nutrition (Leao et al., 2017). Even though practitioners in any field may experience burnout, compassion fatigue is specific to those in helping professions such as end-of-life care, who listen to client's stories of traumatic events (Alkema, Linton, & Davies, 2008). Chronic stress from bereavement, such as that experienced by hospice care professionals, has been linked to insomnia (Carter, Dyer, & Mikan, 2013). Those who work in hospice care are perpetually exposed to stressful events in their daily work and are at risk for the negative effects of stress, including sleep disturbances. Other research found that 63% of palliative care workers experienced a great deal of stress (Hill et al., 2016). A more recent study reported that due to stress and burnout, the turnover rate for in-patient hospice care professionals is 30%, and those who work in hospice homecare have a turnover rate as high as 60% (Ho et al., 2019). Employee turnover affects an organization by lowering morale and diminishing the continuity of clients' care.

The absence or inconsistency of self-care practices among hospice care professionals, which has been linked to higher risks to both employees and client care, is the key area of focus with this project. The goal is to develop a program that supports these helping professionals as they strive to balance an often-stressful occupation with their own wellbeing and health.

Target Population

The target population for this pilot program proposal is the group of healthcare professionals who currently work at Hearth Hospice in Chattanooga, TN. This population consists of eight female hospice social workers, of which 75% are Caucasian and 25% are African American. Seven of the social workers are Christian, and one is Jewish. They range in age from mid 20s to mid 50s. Currently 27 nurses work at Hearth Hospice, along with

approximately 27 certified nursing assistants. The entire nursing staff is estimated at being 20% male and 80% female and range in age from mid 20s to age 60. The majority of the nurses are Caucasian, while most of the CNAs are African American. Four male Caucasian Christian chaplains are also on staff along with one Caucasian Christian female bereavement counselor.

Targeted Need

There are currently no organizational self-care programs at Hearth Hospice. This proposal is focusing on developing a self-care program for the hospice care professionals at Hearth Hospice that is based on commitment and accountability and is also rewards-based. The goal is to increase the wellbeing of these employees by providing easy access to essential self-care practices that can bring balance to their professional and personal lives without adding to their workload. Self-care strategies related to the physical health, emotional and mental wellbeing, as well as spiritual practices will be utilized to give a holistic approach. The ultimate goal is to have healthy hospice professionals who have the capacity to provide enhanced care to their patients.

Uniqueness of the Program

The proposed self-care program will be called "iCare" for two reasons. First, the focus is on the individual "self", or "i" who is working in the hospice field. Secondly, in order to create a program that is easily accessible for 21st century hospice staff members trying to balance the demands of daily living in the modern world while also working in an often stressful environment of death and dying, the use of information technology will be incorporated as much as possible. Resources will be provided that encourage and track physical activity and promote mental, emotional, and spiritual wellbeing. There are several iPhone apps already available that can enhance problem solving, stress management, proper nutrition, coping skills, mindfulness, and relaxation, and spiritual and devotional practices.

The acronym “Care” represents the four pillars of iCare’s plan: Commitment, Accountability, Rewards-based, and Electronic applications. Participants in the program will be asked to commit to a six-month self-care plan. An accountability session will be held twice each week following interdisciplinary team meetings for group members to check in with each other and assess their progress and discuss any problems and concerns. The program will be rewards-based in order to provide incentives for participants to stick with their individualized self-care plan. Motivation to engage in self-care is important over the long term, and the use of rewards will help with motivation. In order to avoid creating a program that becomes one more thing for busy hospice staff members to add to their long list of responsibilities, iCare will utilize electronic applications (apps) as much as possible to help ensure flexibility and ease of use.

An environmental scan of Hearth Hospice and other hospices in the Chattanooga area resulted in the conclusion that organizational programs that promote employee self-care are lacking. Hearth Hospice has a treadmill that is rarely used and currently offers nothing else related to staff wellbeing. Hospice of Chattanooga allows staff to join the YMCA at a reduced rate, but there are no agency programs that specifically encourage self-care practices (J. Baucom, personal communication, September 15, 2019). Kindred Hospice does not have a self-care program (R. Parham, personal communication, September 16, 2019). On a broader level, the large non-profit Blue Cross Blue Shield of Tennessee has a program in place where employees track their steps on an app and are then rewarded each month based on levels of how many steps they have walked (J. Thompson, personal communication, September 10, 2019). A program to promote self-care practices at Hearth Hospice would be different in that it would be based on a holistic approach that includes not only physical activity, but also proper nutrition, emotional and mental health, and spiritual wellbeing.

The very concept of a self-care program at a hospice agency is unique to the Chattanooga area. No other hospice currently provides such an essential program at this time. The use of

apps to make a self-care program easy-to-use and adaptable to different schedules makes this program very unique. Many hospice employees work second and third shifts, as well as on the weekends, and the inclusion of electronic apps addresses this important issue.

Literature Review and Evidence-Based Practices

The social problem of healthcare workers suffering from stress, compassion fatigue, burnout, and anxiety has been documented in several studies (Leao et al., 2017; Orellana-Rios et al., 2018; Torres et al., 2019). Recent efforts to improve the quality of healthcare in the U.S. have coincided with industry changes to lower costs while increasing productivity and efficiency. Those who work in the nursing and medical social work fields are at a greater risk to experience stress (Acker, 2018). In recent years there has been an increase in accountability, bureaucracy, and documentation, coupled with a decrease in autonomy (Acker, 2018). As a result, employees are at a greater risk for decreased job satisfaction and greater turnover intention (Graham, Shire, & Nicholas, 2016). Ho et al., (2019) report that the turnover rate for all in-patient hospice employees is 30%, with rates for those who are serve as homecare workers as high as 60%. All of these factors can affect the care of the patients they are there to serve.

Inconsistent or nonexistent self-care strategies are reported to be associated with higher risks for both compassion fatigue and burnout and therefore result in inadequate care for clients (Cuartero & Campos-Vidal, 2019). A study of social workers in one Southeast U.S. city found that they only moderately engaged in self-care practices (Miller, et al., 2017).

Death Anxiety and Stress

Using a combination of the Death Anxiety Questionnaire, the Maslach Burnout Inventory, and qualitative interviews on 290 hospice social workers, researchers' results showed stress related to working in hospice (Quinn-Lee, Mcbride, & Unterberger, 2014). Themes that emerged from this study include stress related to being new on the job, having a patient similar in age, and uncontrollable patient pain. Another qualitative study with 22 palliative care

professionals conducted a thematic analysis of the emotional challenges of the work (Chan et al., 2015). This study revealed challenges of dealing with seeing children die and understanding why bad things happen to good people.

Patient suicides can affect hospice employees both professionally and personally. Fairman et al. (2014) used a qualitative survey with 186 staff members to explore the impact of suicide of patients on hospice personnel. They found themes of guilt and failure that contributed to the stress of the hospice staff.

Compassion Fatigue

Compassion fatigue is defined by Cuartero & Campos-Vidal (2019) as a state of physical, emotional, and psychological exhaustion that is a result of the demands of constantly caring for others. It can come on immediately after a prolonged exposure to working in palliative and hospice settings.

One mixed method study with thirty nurse participants found that some of the causes of compassion fatigue are breakdowns in communication, heavy caseloads, demanding family members, and disruptive staff changes (Giarelli, E., 2015). Another qualitative study with thirty nurses to identify triggers for compassion fatigue found that dissatisfaction with the medical staff contributed to compassion fatigue (Fukumori, T., 2017). The results of a survey study of 270 social workers found that those who practiced regular self-care activities had lower levels of compassion fatigue (Cuartero & Campos-Vidal, 2019).

Burnout

Burnout is a psychological condition of overwhelming emotional exhaustion, depersonalization, and feelings of reduced personal accomplishment that is brought on by exposure to stress for a long period of time (Wagaman, Geiger, Shockley, & Segal, 2015). It comes on more gradually than compassion fatigue and is a predictor of staff turnover among healthcare employees (Willard-Grace et al., 2019). Some indicators for burnout are habitual

tardiness, absenteeism, work errors and poor performance, and isolation from others on the job (Wagaman, 2015).

A snowball sample study of 185 social workers found lower levels of burnout among those who had been in the profession for a longer period of time (Wagaman, 2015). A similar study with nurses found a correlation between burnout and resilience, and those with more experience had lower burnout (Kutluturkann, Sozeri, Uysal, & Bay, 2016). A large longitudinal study by Cain et al. (2017) that used the Maslach Burnout Inventory on interdisciplinary team members in healthcare settings found that 89% reported burnout on at least one occasion during the 18-month study. Almost 70% reported burnout due to disputes within their team. A cross-sectional survey of 244 hospice social workers in Iowa found an association between burnout and role ambiguity and role conflict (Stensland & Landsman, 2017). They did not feel adequately prepared or supported, and it contributed to the burnout.

Self-Care

Lovasova & Raczova (2017) conducted a study on the self-care practices of those who work in helping professions, using the Self-Regulation in Self-Care Questionnaire and the Professional Quality of Life Questionnaire. One result from this study is that the more that employees experience compassion fatigue and burnout, the more interested they are in finding appropriate self-care strategies. Most of the literature on interventions for staff self-care practices involves employees working in healthcare in general and are not specific to hospice agencies. Self-care is defined as "purposeful behavioral strategies that promote the well-being of the self but also help to reduce stress and overcome challenges that enable the worker to engage effectively with their clients" (Acker, 2018). A systematic study in England reviewed the literature for articles dealing with improving the wellbeing of palliative care staff by searching four databases for key thesaurus search terms related to palliative and hospice care (Hill, Dempster, Donnelly, & McCorry, 2016). Of the original 1,786 articles extracted, only nine were

found to be eligible for the study because they had an actual intervention. The results showed that many of the interventions, including support groups and CBT for sleep, failed to improve wellbeing.

Mindfulness

In a comparison study by Torres et al. (2019), two different work groups of health care employees participated in a program of mindfulness and self-compassion, one lasting the usual eight weeks and the other only for four. Pre and post survey questionnaires were utilized, and the results found that the self-care program was effective at four weeks but more so at eight. Another study in Wales used a web-based mindfulness course, combined with CBT for 210 healthcare staff members over a twenty-week period, using seven measures for stress and job satisfaction (Baker et al., 2015). The intervention resulted in a 35% decrease in stress and a 7% increase in job satisfaction. A recent mixed-method study specific to palliative care recruited 28 workers who participated in a 10-week mindfulness and self-compassion self-care program at their workplace (Orellana-Rios et al., 2018). Through the use of several scales and semi-structured interviews, the results found significant improvements in anxiety and burnout but none for depression.

Counseling

Seventy-two healthcare professionals participated in a study that divided the participants into an intervention group that used solutions-focused counseling and a control group (Mache, Bernburg, Baresi, & Groneberg, 2016). The results from several questionnaires showed a decrease in perceived job stress and improvements in job satisfaction.

Sensory-Based Therapies

One quantitative clinical study recruited 123 female health care professionals to participate in a self-care intervention mediated by the senses (Leao et al., 2017). Participants were randomly put in four groups: a monosensory group mediated by touch only; a bisensory group mediated by both touch and smell; a multisensory group mediated by touch, smell, seeing,

and hearing; and a control group that received no intervention. Results from survey questionnaires showed that the bisensory group had lower stress than both the monosensory and multisensory groups.

Art Therapy

In Hong Kong, 69 end-of-life care workers participated in a qualitative study that used six weeks of art therapy as an intervention for self-care (Potash et al., 2015). Themes that emerged from the interviews included an increase in emotional awareness and the ability to process death memories.

Use of Apps

Bassett-Gunter and Chang (2015) studied the use of smart phone applications as a way to encourage and support physical exercise. Of the 98 program participants in this cross-sectional study, 25 used physical activity trackers, such as a Fitbit. The other 73 participants did not use an app. Survey questionnaires were used to measure the outcome. The results found that the app users had greater self-efficacy, better planning, and action control than the nonusers.

Another study used a qualitative approach to explore how people use health apps as a self-care strategy (Anderson, Burford, & Emmerton, 2016). Twenty-two participants who used health apps for monitoring fitness, blood pressure, diabetes, and depression were interviewed for thematic analysis. Themes that emerged were engagement, functionality, information management, and ease of use. The researchers concluded that the use of health apps enhanced self-care.

An important final study, and the only of its kind, looked at the use of mobile apps for meditation and those who work in the palliative and hospice fields (Lehto, Heeter, Allbritton, & Wiseman, 2018). This qualitative study recruited 11 healthcare providers to participate in the research and used a methodology of focus groups and interviews. Results from the six-week

study showed an appreciation for the convenience of the app, challenges in finding time and building discipline, and having more options and variety for apps for meditation.

Limitations

There is not a great deal of empirical research on self-care strategies for healthcare professionals, much less those employees who work in the stressful field of hospice. Furthermore, little has been written about the more recent usage of electronic applications (apps) for tracking and utilizing self-care practices. The proposed plan is original in its concept.

Information gleaned from the literature review provides valuable information about the various interventions that other organizations have used to promote self-care for those working in hospice and other healthcare fields where employees work in emotionally demanding roles. Self-care ideas found in the literature, such as art therapy, mindfulness and meditation, exercise and nutrition programs, stress reduction programs, and sensory-based programs, will be considered when planning the details of the proposed program. In addition, literature articles on the use of apps in encouraging, and tracking self-care practices will guide the incorporation of the technical components of the program plan.

Problem Statement

We know that self-care practices are good for the physical, mental, emotional, and spiritual wellbeing of those who work in healthcare, specifically in hospice; and we know that the use of electronic apps contribute to self-care practices. However, we do not know if a self-care program that includes the use of electronic apps will be beneficial to hospice employees, and that is the reason why it is important to explore the proposed program of iCare: Self-Care Based on Commitment, Accountability, Rewards, and Electronic applications.

Needs Assessment Research Plan

Research has shown that death and dying are sources of occupational stress for those who practice in palliative and hospice care settings (Chan et al., 2015). The purpose of this needs assessment is to find out what types of self-care interventions could be helpful for hospice organizations to implement in order to prevent anxiety, compassion fatigue, and burnout among their employees. Those staff members of Hearth Hospice who have direct contact with patients will be the main source of data for this project. This includes social workers, nurses, certified nursing assistants, and chaplains, who will be interviewed in focus groups organized by profession. Needs for specific types of self-care that staff members are interested in and, whether these needs are physical, emotional, mental, or spiritual in nature, will be assessed by asking open-ended questions. Survey questionnaires will be utilized for quantitative data on levels of anxiety, compassion fatigue, burnout and turnover intention, self-care practices as well as demographic information. Agency records pertaining to sick days and employee turnover will also be a source of data.

Statement of Purpose

The purpose of this study is to determine to what extent a self-care program that includes the use of electronic apps will reduce anxiety, compassion fatigue, and burnout in hospice employees. Those who work in this field are in different but emotionally demanding roles that may lead to psychological distress and staff turnover. The wellbeing of hospice staff affects the quality of care of both hospice patients and their caregivers. One study estimated that 50% of all palliative care staff are at risk for poor psychological outcomes because of an insufficient ability to cope with the demands of the job (Hill, Dempster, Donnelly, & McCorry, 2016). With the aging of the U.S. population, hospice continues to grow each year in the United States (NHPCO, 2019). In order for hospice employees to effectively help others in this burgeoning field, they need to take care of themselves. Self-care activities that promote wellbeing have been linked to

helping overcome the challenges that enable the worker to effectively engage with clients (Aker, 2018). This study is designed to gather data on the rates of anxiety, compassion fatigue, and burnout at Hearth Hospice in Chattanooga, TN, along with self-care practices and needs and how a self-care program that offers the flexibility of electronic apps can enhance wellbeing among this population group.

Research Question

The research question this study intends to explore is: To what extent would Hearth Hospice in Chattanooga, Tennessee benefit from a self-care program that includes the use of electronic applications for their healthcare employees?

Research Hypotheses

The null hypothesis for the proposed iCare program is that there will no relationship between a self-care program for hospice employees and a reduction in anxiety, burnout, compassion fatigue, and turnover intention. The alternative hypothesis for the iCare self-care program is that it *will* reduce anxiety, compassion fatigue, burnout, and turnover intention in hospice employees. To put it in research form, the alternate hypothesis (Ha) will show that the intervention of a self-care program will affect the dependent factors of anxiety, compassion fatigue, burnout, and turnover intention in hospice employees.

Research Variables

The independent variable in the research project is the actual iCare program for the hospice employees. Dependent variables include anxiety, burnout, compassion fatigue, and employee turnover. The controlled variables are gender, age, marital status, level of education, job title, and length of service. The caseload levels of the employees are the extraneous variable.

Methodology

A mixed methods approach is the most appropriate methodology for this research project. By combining quantitative data from various surveys related to anxiety, compassion

fatigue, burnout, turnover, and demographics that can be measured and analyzed with qualitative interviews that reveal themes and concepts related to the stress of hospice work and current self-care practices and needs, the project can more comprehensively address the research question.

Population and Sampling Plan

The population plan for research participants will be hospice care employees and interdisciplinary team members of Hearth Hospice in Chattanooga, TN, having worked a minimum of 90 days in their profession with end-of-life patients. The sampling plan is to include the entire population in the study sample with a homogeneous purposive sample selection of volunteer participants. Inclusion criteria for the study will be those hospice care professionals of Hearth Hospice who work as certified nursing assistants, nurses, social workers, and chaplains and have direct contact with hospice patients. Exclusion criteria will be those employees who work in other areas at Hearth Hospice, and they will not be accepted to participate in the study.

Research participants will be recruited by sending a company email to all employees who meet the inclusion criteria and whose names and email addresses will be obtained from the clinical director. In addition, recruitment announcements will be made about the research study in the two previous weekly interdisciplinary team meetings prior to the beginning of the research study.

The total number of hospice care employees at Hearth Hospice is approximately 65, and the goal is to have as many of those who meet the inclusion criteria of the sampling plan to participate in the research study as possible. Therefore a purposive sampling plan of this homogeneous group will be used to achieve this goal. Only those employees who have regular direct contact with end-of-life patients and who may be more likely to experience specific stressors from this direct contact such as anxiety, compassion fatigue, and burnout will be included.

Site permission will need to be obtained from the Chief Operating Officer of Hearth Hospice. A face-to-face meeting will be scheduled with the COO to explain the specific details of the research study, gain authorization to access the population and company records, and use the downtown Chattanooga office of Hearth Hospice for administering survey questionnaires.

Data Collection and Analysis Plan

Data Collection

Data collection will be done in the form of survey questionnaires, both physical and online, and with a pre-post comparison design and a six-month interval of using the iCare program in between the two survey collection time points (see Appendix A). Physical surveys, along with a consent form and a large envelope for sealing will be distributed to those employees who attend the weekly interdisciplinary team meetings in the conference room at Hearth Hospice. This includes nurses, social workers, and chaplains. The questionnaires can be conveniently filled out immediately following the regular interdisciplinary team meeting, and participants will have an opportunity to complete the surveys at two different weekly meetings to ensure a larger sample. For certified nursing assistants or other eligible participants who do not attend an interdisciplinary team meeting or those wish to complete the survey electronically, the questionnaire can be completed online through SurveyMonkey, along with an electronic consent form. The participants will have the option of submitting the survey in either electronic or physical formats, but not both. Only one questionnaire can be completed by each participant. Once all surveys have been completed, the results will be quantified using SPSS analytical software, and open-ended questions will be coded to identify themes.

After six months the participants will be surveyed again to determine the change in baseline results in the dependent variables of anxiety, compassion fatigue, burnout, and turnover intention after completing the iCare program. Data will be collected in a similar manner at this time.

Analysis Plan

The research question is: to what extent would Hearth Hospice in Chattanooga, TN benefit from a self-care program that includes the use of electronic apps for their healthcare employees? Sub-questions include how the self-care intervention will affect the dependent variables of anxiety, compassion fatigue, burnout, and turnover intention. Demographic statistics and also those pertaining to current self-care practices will also be analyzed through the use of this survey questionnaire for this quantitative research study.

The survey contains both closed-ended (Sections I, III, IV, V, VI, and VII) and open-ended questions (Section II). Once all surveys have been completed, the results to closed-ended questions will be quantified using SPSS analytical software. The descriptive statistics of baseline characteristics of the study participants and of the questionnaire results- both before and after participating in the iCare self-care program- will include means, standard deviations and ranges, medians, or frequencies and percentages, according to the variables.

Pearson's correlation will be used to investigate the research hypothesis and the relationships between the research study's variables. T-tests for the dependent variables of anxiety, compassion fatigue, burnout, and turnover intention will be used to test for differences in baseline and post-intervention data.

Independent variable. The independent variable of the research study is the intervention of participating in the iCare self-care program. Current self-care practices of the study participants will be measured using a condensed version of the *Self-Care Assessment Worksheet* (Saakvitne & Pearlman, 1996) and will be part of the questionnaire using a 5-point Likert-type scale as an interval measurement tool. The independent variable of participating in the iCare program is a nominal measurement of either participating or not.

Dependent variables. The dependent variable of anxiety will be measured by using the anxiety subscale of the *Hospital Anxiety and Depression Scale (HADS-D)* (Zigmond & Snaith,

1983). This subscale of seven questions has a reliability of a = 0.80 and uses an interval measurement to rate feelings. The variable of compassion fatigue will be measured by the *Professional Quality of Life Scale (ProQOL-5)* (Stamm, 2009). This 30-question, 5-point Likert-type scale measures compassion fatigue with an interval measurement from “never” to “very often”. Its reliability for compassion fatigue is 0.77 to 0.81 and has established content and construct validity (Wahl, et al., 2018). The dependent variable of burnout will have an interval measurement using the *Maslach Burnout Inventory (MBI)* (Giffen, 2015). It consists of 22 questions scoring on three subscales related to burnout and is the gold star standard for measuring burnout (Orellana-Rios, et al., 2018). Finally, the variable of turnover intention will use the *Turnover Intention Scale (TIS-6)* (Griffen, 2015) for an interval measurement using a 5-point Likert-type scale. This scale has both good validity and reliability as well as internal consistency (Acker, 2018).

Controlled variables. The controlled variables are the demographic questions in Section I of the survey. These include the nominal variables of gender, race, marital status, and job title. Ordinal variables include age, education level, length of service at Hearth Hospice, and length of service in the profession. The demographic of number of children will have a ratio measurement. All of the demographic questions will be summarized with descriptive statistics and frequencies.

Extraneous variable. The average number of patients that the hospice employees have in their caseloads is an extraneous variable. It has an ordinal measurement.

Open-ended questions under Section II of the survey questionnaire will be coded to identify themes, which will have numerical codes assigned to them in order to gauge frequencies as well. The researchers will use software (NVivo) to manage the coding. The research team will determine categories and subcategories in order to find themes and define frequencies. Results of the research initiative will hopefully show a negative correlation between the independent variable of an iCare self-care program and the dependent variables of anxiety, compassion

fatigue, burnout, turnover intention, and number of sick days; whereas the independent variable is increased, the dependent variables decrease. In other words, it is hoped that Hearth Hospice will benefit from an organizational self-care program that includes the convenience of electronic apps.

Ethical Considerations

One important ethical consideration for this research project is confidentiality. The members of this project respect the privacy and safety of the research participants and pledge their confidentiality in maintaining the anonymity of each participant. Only specific designated members of the research team will have access and knowledge of the documents, and no confidential information about the participants will be shared amongst the group if it is not related to the project. Therefore, all documents, whether paper or electronic, will be kept locked and password protected.

A second ethical consideration is that participation in this study is completely voluntary. No one will be coerced or pressured to sign the informed consent to participate, and the volunteer participants can withdraw from the study at any time without penalty.

Finally, any type of communication in regard to the research study will be conducted with honesty and transparency. All representations of data findings will be presented without bias or misleading information.

Program Goals

The following SMART goals will drive the iCare program (see Appendix B for Logic Model):

- By December 1, 2019 all employees of Hearth Hospice that work directly with hospice patients will be informed about the iCare program and have the opportunity to complete the survey questionnaire.
- By December 15, 2019 the iCare program will be designed and ready to implement on January 1, 2020.

- By December 31, 2019, at least 40 employees of Hearth Hospice that work directly with hospice patients will enroll in the six-month iCare program.
- By June 30, 2020, at least 80% of the iCare program participants will complete the six-month self-care program and complete the post program survey questionnaire.
- By June 30, 2020, program participants will reduce rates of anxiety, burnout, compassion fatigue, and turnover intention by 60%.

Stakeholder Analysis

Stakeholders

Hospice administration. The administration of Hearth Hospice includes the owner, the chief operating officer (COO), and the clinical director. They are key stakeholders in this project (see Appendix C for Stakeholder Analysis Table). The owner will be contacted by email to let him know of the program plan. The COO will be met with in a face-to-face meeting, with an engagement strategy of sharing the problems related to working in end-of-life care and the benefits of having an organized self-care program for those employees who choose to participate. The need for funds to help with the rewards aspect of the program will need to be addressed and made clear (see Appendix D for Stakeholder Power-Interest Grid). The clinical director will be met with in person after meeting with the COO, with a goal of getting her to buy-in to the program and help promote it to the employees.

Hospice employees. A second stakeholder group includes all social workers, chaplains, nurses, and CNAs who work directly with patients in end-of-life care. The eligible employees will be contacted by email and announcements in weekly interdisciplinary team meetings to promote the program. A survey will be used to get their input either in person or through electronic means. Employees will be notified near the beginning of the new year, with a goal of engaging them in the program during a time of new beginnings and resolutions. The use of

rewards, or incentives, for completing self-care activities will also be used in the engagement strategy, and employees will play a role in planning the self-care activities.

Hospice patients and caregivers. This stakeholder group encompasses those who use hospice services, including the terminally ill patient and their caregiver(s) and family members. The iCare program will be mentioned by the marketing liaisons of Hearth Hospice when they are meeting with potential new patients and their caregivers to demonstrate that the agency cares about the wellbeing of their employees so they can give the best care possible. A newsletter could also be used to promote the program to this group of stakeholders. Patients and related caregivers and family members will not be actively engaged with the program but stand to benefit from better care if hospice staff has better work-life balance and enhanced wellbeing.

Family members of program participants. A final stakeholder group is the people who live with or are close to the employees who participate in the iCare program. No effort will be needed to reach out to this potential stakeholder group. They will learn of the program by word of mouth from an employee participant. This stakeholder group is very low in both power and interest in the program. However they can provide support and encouragement to their family member who is participating and benefit from having a healthier relationship with this person.

Possible Opposition

The administrators of Hearth Hospice may have negative views about an organizational self-care program. iCare will be prepared to persuade the management team by having information on the stresses of working in hospice settings and the benefits of self-care for both employees and patients. Upper management may also be reluctant to spend money on incentives or rewards for the program participants. This can be addressed by emphasizing that incentives are key to keeping participants motivated and help with morale.

Some hospice employees may have negative views about the program and not want to participate. Having a variety of self-care activities in the program, including physical, spiritual, and emotional components, could help with this problem. Before beginning the program, all employees will have input into what types of self-care they are interested in and would like to join. Employees may not feel that they have any extra time to do self-care activities. This will be addressed by having several options that can be done over a person's phone, even while they are driving to a hospice patient's residence, and therefore not require an extra time commitment. Ultimately, the program is voluntary, and uninterested employees do not have to participate.

SWOT Analysis

Strengths

Hearth Hospice has several strengths that are relevant to the iCare program. The for-profit agency has been experiencing high growth over the past two years and as a result has added several new employees to keep up with demand. It is in an industry that is growing nationwide because of the growth in the population of older adults and the desire for people to die at home rather than in a facility. With revenues on the increase, there should be more funds available to support the rewards component of the proposed self-care plan. Top management has already demonstrated leadership in living a balanced life by their own personal examples and by providing a treadmill in the office that anyone can use.

The new location in downtown Chattanooga is another strength, as the popular Walnut Street Pedestrian Bridge is only a couple of blocks away. In addition, Bike Chattanooga has a row of available bicycles directly across from the company headquarters that can be rented at any time.

The workforce of Hearth Hospice is very diverse and has a good reputation in the community. They provide more hours of skilled care as compared to other hospices in the Chattanooga area. Having diverse employees with different fields of expertise could help in

implementing some of the components of the program, such as chaplains giving input into the spiritual aspects of self-care. And finally, all of the employees have a company-provided ipad, which is an important strength in including electronic applications into the iCare plan.

Hearth Hospice's recent growth could be used to help fund iCare's program for providing incentives for employees to participate. Top leadership's example of having self-care practices can be used to motivate employees who work directly with the patients. Their new location near recreational activities, downtown churches, and a scenic river could be utilized for various aspects of self-care and would save time due to the close proximity. The strength of having diverse employees will provide in-house resources to help with generating ideas and carrying out a variety of self-care activities. Having a company iPad, as well as a personal cell phone, will aid in using electronic apps to make the program more flexible and adaptable to the employees' busy schedules. It can also aid in tracking the self-care activities.

Weaknesses

The flip side of having increased growth in the patient census population of Hearth Hospice is the weakness of growing pains associated with this recent explosion of growth. Employees have reported heavier-than-normal caseloads and increased stress levels. There has been some turnover in social work and nursing positions. The field of certified nursing assistants attracts employees who frequently change jobs, and Hearth Hospice has experienced employee turnover is these positions particularly. The new building can be a weakness, as there is limited inside space and no empty rooms to use for a designated self-care space. The changing nature of hospice work, with new patients being admitted and other patients dying, can make planning difficult and result in inconsistent daily schedules.

The goal of the iCare program is to help stop the very weaknesses of burnout and turnover intention that have resulted from Hearth Hospice's recent growth. Having a fun program that perhaps involves friendly competitions between the different professions of social

work, nursing, and chaplaincy could help with morale. With limited space in the new building being a weakness, iCare will incorporate both outdoor activities and things that can be done at home or in the car. Hospice staff spend a lot of time driving to patient's homes, and the electronic component of the program would make it more flexible, portable, and adaptable to changing schedules and limited space in the downtown building.

Opportunities

There are currently many opportunities for Hearth Hospice. Their largest competitor, Hospice of Chattanooga, has been undergoing their second corporate reorganization in recent years, and their subsequent low morale and decreased standing in the community has contributed to some of Hearth's recent success. Expanding Hearth Hospice to other outlying areas that are in need of hospice services is a tremendous opportunity. Like most hospice agencies, Hearth Hospice does not have much diversity among their patients. By increasing public awareness and knowledge in the community, particularly among minority groups, about the benefits of using hospice service and dispelling myths that some people may have about end-of-life care, would provide opportunities to expand the census population of patients even more. With the aging of America's population, the field of hospice promises to continue to grow and provides stability to the future of Hearth Hospice.

With the opportunities for growth in the field of hospice, an iCare program could help keep and attract well-balanced employees to sustain the growth in an already stressful occupation. A good self-care program could insure that patients are well cared for by employees who enjoy their work and maintain a healthy work-life balance. This could be an asset and make Hearth Hospice stand out among their competitors as not only a good place to work but also as the best provider of hospice services to the greater community.

Threats

The field of hospice is extremely dependent on Medicare and Medicaid reimbursement funding. Threats from government leaders to cut this type of government funding are a concern to all hospices, including Hearth Hospice and could affect funding for specific programs. The recent opioid epidemic could be a threat, as the main goal of hospice is to keep patients comfortable with pain medication. A recent federal policy change made hospices no longer exempt from opioid policies and resulted in them having to raise their standards for pain medication management practices. With the exception of Hospice of Chattanooga, all of the hospices in the Chattanooga and North Georgia area are for-profit agencies, and the competition for hospice patients is fierce between the different competing hospices. The increasingly heavy caseload levels at Hearth Hospice are a threat to employee morale and could result in increased burnout and turnover intention among the staff. A lack of administrative support would be a threat to any self-care program.

Threats due to government funding cuts are beyond the scope of this program. However threats from agency administrators to funding of the reward component of iCare's program could be overcome by being creative with rewards, such as getting donations from the community. Threats from the competitive environment within the hospice industry can be defended by Hearth Hospice by focusing on their own employees and ensuring that they have opportunities for personal growth through an organizational self-care plan. This would make Hearth an attractive place to work, retain top talent, and stand out among their competitors. Threats to hospice employees' morale due to heavy caseloads could be alleviated from having a self-care program such as iCare that helps them cope better with the pressures of caring for end-of-life patients. The camaraderie and support they receive in the program will be beneficial for their wellbeing.

Evaluation Plan

iCare will focus on the target population of those employees of Hearth Hospice in Chattanooga, TN who have direct contact with the hospice patients. This includes social workers, nurses, certified nurse assistants, and chaplains. The four Master of Social Work students from Southern Adventist University who formed the iCare team and designed the program will implement and monitor the program intervention.

During the month of December 2019, those employees of Hearth Hospice who work in end-of-life care will be recruited by the team to begin a self-care program on January 1, 2020. Participants of the iCare program will choose from a variety of self-care activities that the iCare team will design, including physical exercise, mindfulness meditation, healthy eating practices, spiritual practices, and other activities that promote mental and emotional wellness. The self-care intervention will require the participants to engage in self-care for a minimum of three times a week for a total of six months. Using scales to measure levels of anxiety, burnout, compassion fatigue, and turnover intention, the iCare team will survey and assess the participants prior to the January 1, 2020 start date and again after the program is completed on June 30, 2020 in order to measure the impact of the iCare program.

One of the four tenets of iCare is that it will be rewards-based in order to keep the participants motivated over the six-month time period. Funds for the incentives will be requested from the chief operating officer (COO) of Hearth Hospice during a face-to-face meeting. If the COO approves this funding, then the program will be able to provide the necessary incentives to at least forty participants. The MSW students will invest their time in recruiting participants and designing the program components. The iCare team will meet with the employees of Hearth Hospice by December 1, 2019 to explain the program details and get their input. The short-term outcome of this meeting will be that the hospice staff will be informed about the program and feel included in its design. The iCare team will then design the self-care program based on the

interests of the employees by December 15, 2019 so it will be ready to launch on January 1, 2020. End-of-life employees of Hearth Hospice will complete the survey questionnaire and give their consent to participate in the program. If this occurs, then at least forty participants will be enrolled in the program by the beginning of the new year, and morale will begin to increase at the agency. If technology is used to help facilitate self-care activities, then the program participants will learn how to use specific apps that can facilitate self-care, saving them time during their busy workdays, and even tracking their results of participating in the program.

The intermediate outcome of having incentives, or rewards, is that of the expected forty qualified employees who will be motivated to enroll in the iCare program, at least 80% of them will complete the program on June 30, 2020. These participants will then be surveyed again on June 30, 2020 and will report that they have more energy, get better sleep, and have an improved work/life balance. Some will have lost weight. They will also be more productive at work, have less sick days, and report better relationships with co-workers, family, and friends. The use of electronic apps will help the participants save time in doing the intervention and will also serve as a portable tool for staying on track with the program. Hospice patients will be getting better care and attention from employees who now have greater wellbeing after being enrolled in the iCare program for six months.

The long-term impact of the iCare program is that the end-of-life employees of Hearth Hospice who participate will have 60% less anxiety, feelings of burnout, compassion fatigue, and turnover intention. Hospice patients will have better continuity of care due to less hospice staff turnover and well-balanced hospice employees. A self-care program will now be in place that can be implemented again in the future. At least 70% of the participants will continue the program for the remainder of 2020. More employees will be recruited to join the iCare program in the long term due to its success.

Using scales that measure levels of anxiety, burnout, compassion fatigue, and turnover intention that are often found in employees who work in end-of-life care, the iCare team will survey and assess the participants prior to the January 1, 2020 start date to determine their baseline scores. These scales include the *Self-Care Assessment Worksheet,* the *Hospital Anxiety and Depression Scale (HADS-D),* the *Maslach Burnout Inventory (MBI),* the *Professional Quality of Life Scale (ProQOL-5),* and the *Turnover Intention Scale (TIS-6).* The data from the survey questionnaire will be collected either in person at the conclusion of one of the interdisciplinary team meetings or online. The survey questionnaire will be connected to the overall evaluation of the plan, as it is the same tool utilized in both the pre and post evaluations to analyze the employee participants.

The intermediate outcomes of the iCare program will be measured on June 30, 2020 at the conclusion of the six-month program by surveying those participants who actually complete the program. Using the same five scales from the pre-program survey questionnaire, the participants will be measured again at the program's conclusion to examine indicators for levels of anxiety, burnout, compassion fatigue and turnover intention. iCare will analyze the surveys to determine if program participants have seen a reduction, an increase, or no change in the dependent variables, or symptoms. By re-evaluating the participants' symptoms, iCare will be able to determine if the intermediate outcomes of the program are effective, which also contributes to the overall evaluation of the plan.

Among the social workers, nurses, certified nurse assistants, and chaplains of Hearth Hospice in Chattanooga, TN, at least forty employees will enroll in the six-month iCare program, and 80% will complete the program on June 30, 2020. This will lead to decreases in anxiety, burnout, compassion fatigue, and turnover intention for these employees who work directly with hospice patients.

Proposed Program Resources

The four MSW students who make up the iCare team and serve as volunteers will be the only human resources utilized in the program. If they each invest 60 hours meeting with the participants, designing the program, implementing and monitoring iCare, and then evaluating its effectiveness at the conclusion, the intervention will require approximately 240 total hours. The employee participants of Hearth Hospice will not be considered human resources because they are the subjects of the research intervention.

The MSW student volunteers will not need training for the program, as they are designing and implementing it. All of the Hearth Hospice employee participants will have one-hour trainings broken up over two consecutive weeks. The participants will be trained on the types of self-care activities offered, how they will be tracked, and the incentives that will be given.

Participants will use their own personal cell phones or company-provided iPads for some of the self-care activities that can be done through electronic applications. This includes apps for spiritual devotions, mindfulness meditations, and those that track the number of steps walked each day and the number of calories consumed. Any resources needed for self-care, such as exercise equipment, will be provided by the participants themselves and at their discretion.

Proposed Sustainability Plan

The iCare program will utilize networking relationships and collaborations with hospice staff and relating agencies in order to provide sustainability for the program. The iCare leadership team (MSW student volunteers) will initially engage participants and funders by presenting the program as relevant, attainable, personal, and adaptable with the integrated technological aspect. The iCare team will continuously receive input from employees about self-care activities that are relevant to individual interests. In this way participants are more likely to remain engaged in the program. The iCare team will analyze and communicate the data results from the five scales,

which are administered as pre and post-program surveys in order to express the program's effectiveness. Also, the use of electronic apps will allow the self-care experience to be trackable, useful, and interesting for those who enjoy or prefer to utilize technology in their daily lives. This integration of technology supports program sustainability and it allows employees to personalize their self-care activities and continue them in the long-term.

Limitations

One limitation of the program plan is that the rewards component of the plan is dependent on funding support from the administrators of Hearth Hospice. The iCare team is not employed by the agency and not present on a regular basis. The initial recruitment and engagement in the program is limited somewhat by the support and enthusiasm of the clinical director. Some types of self-care activity monitoring may rely on the honesty of the participants themselves as to whether they fully engaged or followed through with the self-care exercise. This might limit the integrity of the program and result in lower morale if some participants feel that others are not being honest. Finally the results of participating in the iCare program are dependent on the dedication and discipline of the participants. A lack of participation will limit the overall conclusions of the program's effectiveness.

Conclusion

The iCare program is very unique and modern. To the knowledge of the program proposal creators, no other program similar to iCare has ever been implemented. Research studies show that there is a need for better self-care practices among social workers, and hospice employees have specific reasons for needing a good self-care plan. A program that is based on commitment, accountability, rewards, and the use of electronic applications could be a new way to reduce the social problem of anxiety, burnout, compassion fatigue, and turnover intention among end-of-life workers who need to have healthy wellbeing in order to provide the best care to their patients.

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Appendix A

Survey Questionnaire

To What Extent Would Hospice Employees Benefit From a Self-Care Program That Includes the Use of Electronic Applications

Principle Investigators: T. Burton, L. Lazarine, R. Potter, & R. Wood
MSW Candidates at Southern Adventist University
Faculty Advisor: Laura Racovita, Ph. D., Department of Social Work
Southern Adventist University

Thank you for participating in this study of hospice employees. Your input will help us to understand if a self-care program that includes the use of electronic applications will affect rates of anxiety, compassion fatigue, and burnout among healthcare professionals working in end-of-life care.

The following survey includes questions about your self-care practices as well as your feelings of anxiety, compassion fatigue, and burnout. It should take approximately 30 minutes to complete. Please read every question slowly and carefully and give your most honest answer. There are no right or wrong answers to any of the questions. You will not be identified in the results of this research, and your participation is completely voluntary. Please sign the attached consent form before beginning the survey.

Again, we thank you for your participation.

SECTION I: DEMOGRAPHICS

Please circle your answers below:

1. Age: 20-29 30-39 40-49 50-59 60-69 70+

2. Gender: Female Male I prefer not to say

3. Race/Ethnicity: African-American Asian Caucasian Latino Middle Eastern Other

4. Marital Status: Single Married Divorced Widowed

5. Number of Children: None 1 2-3 4-6 7+

6. Job Title: CNA Nurse Chaplain Social Worker

7. Education Level: High School Bachelors Masters Doctorate

8. Years on the Job: >1 1-3 4-7 8-12 13-20 20+

9. Years in the Profession: 0-5 6-10 11-19 20-29 30+

10. Average Caseload: 1-9 10-19 20-29 30-39 40-49 50+

SECTION II: SELF-CARE PREFERENCES

1. What do you enjoy doing for self-care?

   ____

2. How much time do you spend in self-care activities each week?

   ____

3. What hinders you from doing self-care?

   ____

   ____

4. How do you feel about using electronic apps in self-care?

____

____

SECTION III: SELF-CARE ASSESSMENT

Using the scale below, rate the following areas in terms of frequency:

5= Frequently **4= Occasionally** **3= Rarely** **2= Never** **1= It never occurred to me**

_____ 1. Eat regularly (e.g. breakfast, lunch, dinner)

_____ 2. Eat healthy

_____ 3. Exercise

_____ 4. Get regular medical care

_____ 5. Take time off when needed

_____ 6. Get enough sleep

_____ 7. Make time for self-reflection

_____ 8. Write in a journal

_____ 9. Read for fun

_____ 10. Notice your inner thoughts, beliefs, attitudes, feelings

_____ 11. Say "no" to extra responsibilities sometimes

_____ 12. Spend time with people whose company you enjoy

_____ 13. Stay in contact with important people in your life

_____ 14. Give yourself affirmations, praise yourself

_____ 15. Love yourself

_____ 16. Allow yourself to cry

_____ 17. Find things that make you laugh

______ 18. Spend time in nature

______ 19. Find a spiritual connection or community

______ 20. Experience awe

SECTION IV: ANXIETY

Please circle the best response for the following questions:

1. I feel tense or "wound up":
   0 = Not at all
   1 = From time to time, occasionally
   2 = A lot of the time
   3 = Most of the time

2. I get a sort of frightened feeling like "butterflies" in the stomach:
   0 = Not at all
   1 = Occasionally
   2 = Quite often
   3 = Very often

3. I get a sort of frightened feeling as if something awful is about to happen:
   0 = Not at all
   1 = A little, but it doesn't worry me
   2 = Yes, but not too badly
   3 = Very definitely and quite badly

4. I feel restless as I have to be on the move:
   0 = Not at all
   1 = Not very much
   2 = Quite a lot
   3 = Very much indeed

5. Worrying thoughts go through my mind:
   0 = Only occasionally
   1 = From time to time, but not too often
   2 = A lot of the time
   3 = A great deal of the time

6. I get sudden feelings of panic:
   0 = Not at all
   1 = Not very often
   2 = Quite often
   3 = Very often indeed

7. I can sit at ease and feel relaxed:
   0 = Definitely

1 = Usually
2 = Not Often
3 = Not at all

SECTION V: COMPASSION FATIGUE

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 casework load seems endless.

_____ 22. I believe I can make a difference though 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.

SECTION VI: BURNOUT

For each of the following questions, rate the frequency and the intensity about yourself and your current work situation by circling the number that most honestly reflects your experiences in the *last 30 days.*

1. **I feel emotionally drained from my work.**

How often?

1= Never; **2**= A few times a year; **3**= Monthly; **4**= A few times /month; **5**= Every week; **6** =A few times/ week; **7**= Every day

How Strong?

1	2	3	4	5	6	7
Very mild		Barely Noticeable		Moderate		Very Strong/Major

2. **I feel used up at the end of the workday.**

How often?

1= Never; **2**= A few times a year; **3**= Monthly; **4**= A few times /month; **5**= Every week; **6** =A few times/ week; **7**= Every day

How Strong?

1	2	3	4	5	6	7
Very mild		Barely Noticeable		Moderate		Very Strong/Major

3. **I feel fatigued when I get up in the morning and have to face another day on the job**.

How often?

1= Never; **2**= A few times a year; **3**= Monthly; **4**= A few times /month; **5**= Every week; **6** =A few times/ week; **7**= Every day

How Strong?

1	2	3	4	5	6	7
Very mild		Barely Noticeable		Moderate		Very Strong/Major

4. **Working with people all day is really a strain for me.**

How often?

1= Never; **2**= A few times a year; **3**= Monthly; **4**= A few times /month; **5**= Every week; **6** =A few times/ week; **7**= Every day

How Strong?

1 2 3 4 5 6 7
Very mild Barely Noticeable Moderate Very Strong/Major

5. I feel burned out from my work.

How often?

1= Never; **2**= A few times a year; **3**= Monthly; **4**= A few times /month; **5**= Every week; **6** =A few times/ week; **7**= Every day

How Strong?

1 2 3 4 5 6 7
Very mild Barely Noticeable Moderate Very Strong/Major

6. I feel frustrated by my job.

How often?

1= Never; **2**= A few times a year; **3**= Monthly; **4**= A few times /month; **5**= Every week; **6** =A few times/ week; **7**= Every day

How Strong?

1 2 3 4 5 6 7
Very mild Barely Noticeable Moderate Very Strong/Major

7. I feel I'm working too hard on my job.

How often?

1= Never; **2**= A few times a year; **3**= Monthly; **4**= A few times /month; **5**= Every week; **6** =A few times/ week; **7**= Every day

How Strong?

1 2 3 4 5 6 7
Very mild Barely Noticeable Moderate Very Strong/Major

8. Working with people directly puts too much stress on me.

How often?

1= Never; **2**= A few times a year; **3**= Monthly; **4**= A few times /month; **5**= Every week; **6** =A few times/ week; **7**= Daily

How Strong?

1 2 3 4 5 6 7
Very mild Barely Noticeable Moderate Very Strong/Major

9. I feel like I'm at the end of my rope.

How often?

1= Never; **2**= A few times a year; **3**= Monthly; **4**= A few times /month; **5**= Every week; **6** =A few times/ week; **7**= Daily

How Strong?

1	2	3	4	5	6	7
Very mild	Barely Noticeable		Moderate		Very Strong/Major	

10. I can easily understand how my patients feel about things.

How often?

1= Never; **2**= A few times a year; **3**= Monthly; **4**= A few times /month; **5**= Every week; **6** =A few times/ week; **7**= Daily

How Strong?

1	2	3	4	5	6	7
Very mild	Barely Noticeable		Moderate		Very Strong/Major	

11. I deal very effectively with the problems of my patients.

How often?

1= Never; **2**= A few times a year; **3**= Monthly; **4**= A few times /month; **5**= Every week; **6** =A few times/ week; **7**= Daily

How Strong?

1	2	3	4	5	6	7
Very mild	Barely Noticeable		Moderate		Very Strong/Major	

12. I feel I'm positively influencing other people's lives through my work.

How often?

1= Never; **2**= A few times a year; **3**= Monthly; **4**= A few times /month; **5**= Every week; **6** =A few times/ week; **7**= Daily

How Strong?

1	2	3	4	5	6	7
Very mild	Barely Noticeable		Moderate		Very Strong/Major	

13. I feel very energetic.

How often?

1= Never; **2**= A few times a year; **3**= Monthly; **4**= A few times /month; **5**= Every week; **6** =A few times/ week; **7**= Daily

How Strong?

1 2 3 4 5 6 7
Very mild Barely Noticeable Moderate Very Strong/Major

14. I can easily create a relaxed atmosphere with my patients.

How often?

1= Never; **2**= A few times a year; **3**= Monthly; **4**= A few times /month; **5**= Every week; **6** =A few times/ week; **7**= Daily

How Strong?

1 2 3 4 5 6 7
Very mild Barely Noticeable Moderate Very Strong/Major

15. I feel exhilarate after working closely with my patients.

How often?

1= Never; **2**= A few times a year; **3**= Monthly; **4**= A few times /month; **5**= Every week; **6** =A few times/ week; **7**= Daily

How Strong?

1 2 3 4 5 6
7
Very mild Barely Noticeable Moderate Very Strong/Major

16. I have accomplished many worthwhile things in this job.

How often?

1= Never; **2**= A few times a year; **3**= Monthly; **4**= A few times /month; **5**= Every week; **6** =A few times/ week; **7**= Daily

How Strong?

1 2 3 4 5 6 7
Very mild Barely Noticeable Moderate Very Strong/Major

17. In my work, I deal with emotional problems very calmly.

How often?

1= Never; **2**= A few times a year; **3**= Monthly; **4**= A few times /month; **5**= Every week; **6** =A few times/ week; **7**= Daily

How Strong?

1 2 3 4 5 6 7
Very mild Barely Noticeable Moderate Very Strong/Major

18. I feel I treat some patients as if they were impersonal "objects".

How often?

1= Never; **2**= A few times a year; **3**= Monthly; **4**= A few times /month; **5**= Every week; **6** =A few times/ week; **7**= Daily

How Strong?

1 2 3 4 5 6 7
Very mild Barely Noticeable Moderate Very Strong/Major

19. I've become more callous toward people since I took this job.

How often?

1= Never; **2**= A few times a year; **3**= Monthly; **4**= A few times /month; **5**= Every week; **6** =A few times/ week; **7**= Daily

How Strong?

1 2 3 4 5 6 7
Very mild Barely Noticeable Moderate Very Strong/Major

20. I worry that this job is hardening me emotionally.

How often?

1= Never; **2**= A few times a year; **3**= Monthly; **4**= A few times /month; **5**= Every week; **6** =A few times/ week; **7**= Daily

How Strong?

1 2 3 4 5 6 7
Very mild Barely Noticeable Moderate Very Strong/Major

21. I don't really care what happens to some patients.

How often?

1= Never; **2**= A few times a year; **3**= Monthly; **4**= A few times /month; **5**= Every week; **6** =A few times/ week; **7**= Daily

How Strong?

1 2 3 4 5 6 7
Very mild Barely Noticeable Moderate Very Strong/Major

22. I feel patients blame me for some of their problems.

How often?

1= Never; **2**= A few times a year; **3**= Monthly; **4**= A few times /month; **5**= Every week; **6** =A few times/ week; **7**= Daily

How Strong?

1 2 3 4 5 6 7

Very mild Barely Noticeable Moderate Very Strong/Major

SECTION VII: TURNOVER INTENTION

Please circle your answers below.

1. How often do you dream about getting another job that will better suit your personal needs?

1= Never 2= Rarely 3= Sometimes 4= A lot 5= Always

2. How often are you frustrated when not given the opportunity at work to achieve your personal work-related goals?

1= Never 2= Rarely 3= Sometimes 4= A lot 5= Always

3. How often have you considered leaving your job?

1= Never 2= Rarely 3= Sometimes 4= A lot 5= Always

4. How often do you look forward to another day at work?

1= Never 2= Rarely 3= Sometimes 4= A lot 5= Always

5. To what extent is your current job satisfying your personal needs?

1= Highly unlikely 2= Unlikely 3= Sometimes 4= Likely 5= Highly likely

6. How likely are you to accept another job at the same compensation level should it be offered to you?

1= Highly unlikely 2= Unlikely 3= Sometimes 4= Likely 5= Highly likely

THANK YOU FOR COMPLETING THIS SURVEY

Appendix B

Logic Model

Program Title: iCare: A Self-Care Program for Hospice Staff Based on Commitment, Accountability, Rewards, & Electronic Applications

Team Members: Tim Burton, Lupe Lazarine, Renee Potter, Rachel Wood

Statement of Problem: We know that self-care practices are good for the physical, mental, emotional, and spiritual wellbeing of those who work in healthcare, specifically in hospice; and we know that the use of electronic apps contributes to self-care practices. However, we do not know if a self-care program that includes the use of electronic apps will be beneficial to hospice employees, and that is the reason why it is important to explore the proposed program of iCare.

Inputs	Outputs		Outcomes (Impact)		
	Activities →	Participants	Short Term →	Medium Term →	Long Term
Funds requested in a presentation to the administration of Hearth Hospice	The iCare team will meet with the COO of Hearth Hospice to request agency funds for the program incentives.	4 MSW students 1 COO of the agency	The COO of Hearth Hospice will approve the funds for the incentive component of the iCare program. As a result, at least 40 employees will be motivated to enroll in the iCare program by December 31, 2019.	At least 80% of the participants will be motivated to complete the 6-month program.	At least 70% of the participants will continue their new self-care practices for the remainder of the year, leading to greater wellbeing.
Time invested by 4 MSW Students from Southern Adventist University	Meet with Hearth Hospice employees to recruit participants.	4 MSW students	Hospice staff will be informed about the iCare program by	At least 80% of the enrolled participants will complete	More employees will be recruited to join the program in

	Design iCare program based on the interests of the employees	4 MSW students	December 1, 2019, and at least 40 employee participants will enroll in the iCare program by December 31, 2019. A self-care program will be created for hospice staff by December 15, 2019 and will be ready to launch on January 1, 2020	the iCare program on June 30, 2020. At least 80% of the enrolled participants will complete the iCare program on June 30, 2020.	the future and will benefit from reduced anxiety, burnout, compassion fatigue, and turnover intention. A self-care program will be in place and can be implemented again in the future.
Consent given by hospice staff of Hearth Hospice to participate in the program	Complete survey questionnaire and agree to enroll in iCare program for 6 months	At least 40 Hearth Hospice employees who work with patients in end-of-life as social workers, nurses, CNAs, or chaplains	At least 40 participants increase their self-care practice skills and enroll in the iCare program with a start date of January 1, 2020. Hearth Hospice reports increased employee	At least 80% of program participants complete the program on June 30, 2020. Participants report more energy, better sleep, and improved work/life balance. Participants	The iCare program decreases anxiety, burnout, compassion fatigue, and employee turnover intention by 60%. Hospice patients will receive better continuity

			morale due to the new program.	lose weight and have fewer sick days. Participants are more productive at work and have better relationships with family and friends. Hospice patients receive better care and attention.	of care from less hospice staff turnover and from happier employees who live more balanced lives.
Technology in the form of electronic applications	Use electronic apps to facilitate self-care	At least 40 Hearth Hospice employees who work with end-of-life patients as either social workers, nurses, CNAs, or chaplains	Participants learn how to utilize electronic apps to remind them of self-care, use programs on apps as an efficient tool to aid with self-care, and to track their efforts by the program start date of January 1, 2020.	Participants regularly use electronic apps as a way to do self-care activities and report that this saves them time and helps them to stay on track with the iCare program. The efficiency and portability of using electronic apps for self-care helps at least 80%	The efficiency and portability of electronic apps helps to reduce anxiety, burnout, compassion fatigue, and turnover intention.

				of the program participant s complete the program on June 30, 2020	

Appendix C

Stakeholder Analysis Table

Project Title: **iCare**

Date: **11-4-19**

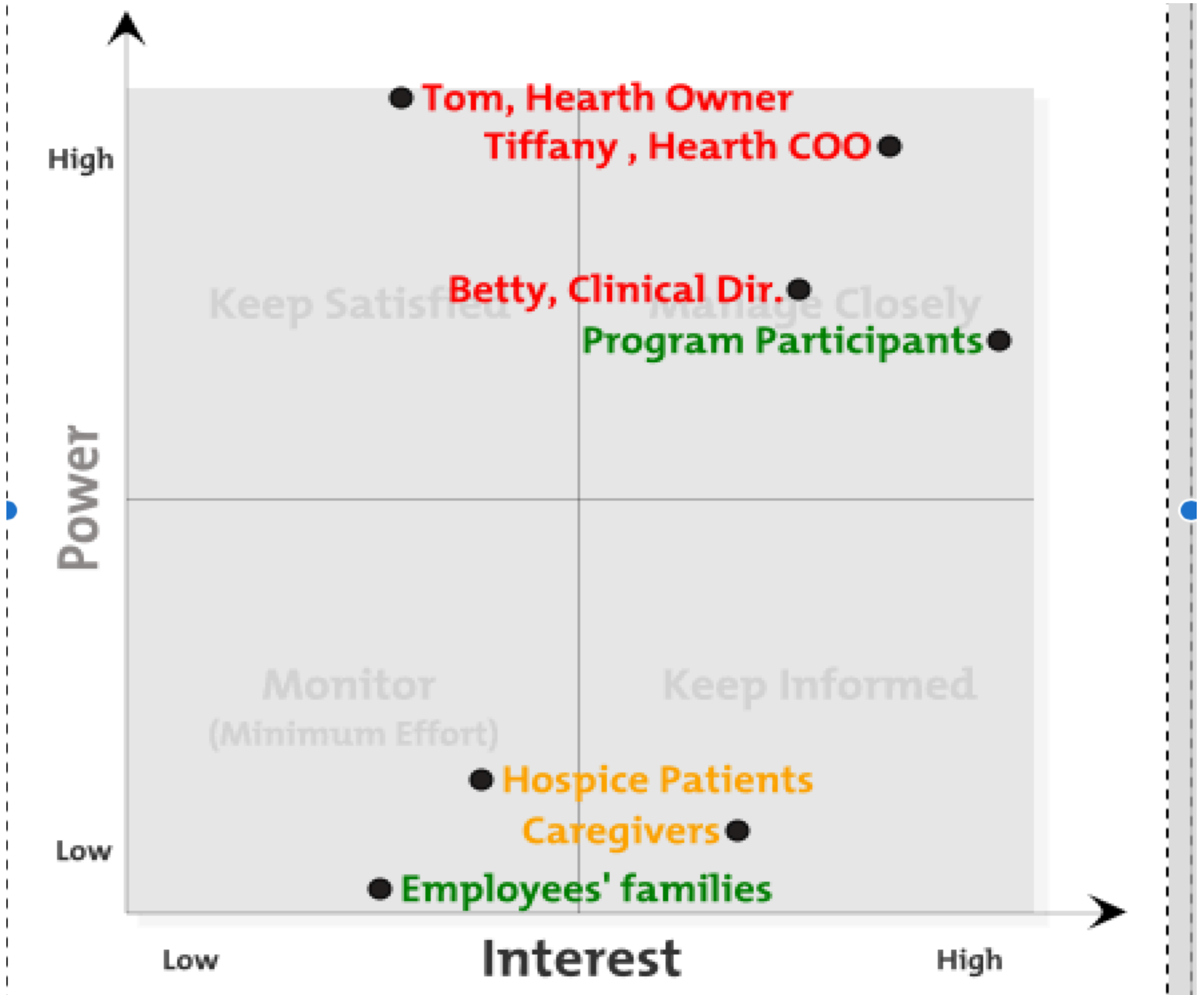
Group Members: **Tim Burton, Lupe Lazarine, Renee Potter, & Rachel Wood**

Stakeholder	**Characteristics**	**Main Interest**	**Fears and expectations**	**Potential impact**	**Priority**	**Recommend**
Identity of individual or group/s.	*What sort of person or group are they?*	*What are their main interests and/or motivations?*	*What is their potential reaction to the project? What do they expect from the project?*	*How important is their impact on the project? (low, med, high, critical)*	*Rank the importance of the stakeholder to the success of the project (critical, high, med, low).*	*Implications for yo project planning. (informed, involve i planning, etc.)*
Hearth Hospice	For-profit hospice. Mgt. would fund the program	Their main goal is provide the best care possible to hospice patients.	Excited to provide self-care program to their staff. Hesitant to back the program financially.	Critical	High	Mgt. would ne be informed a involved from beginning anc throughout th process.
Hospice staff	Hearth employees who work directly with patients	To begin an individualized self-care program.	Motivation to live a more balanced life. Anxiety over finding the time for the program.	Critical	High	Involve them planning thro surveys and f groups.
Hospice patients & their caregivers	Terminally ill people receiving services from Hearth Hospice	To receive care from employees have low levels of anxiety, burnout, compassion fatigue, and turnover intention.	Appreciation for having good care from a balanced staff.	Low	Medium	It is not neces to inform ther involve them planning proc
Participants'	People who live	Concern for	Happy that	Low	Low	It is not neces

family members	with or are close to employees who participate in the program.	the wellbeing of their family member who is employed by Hearth.	their relative can join a self-care improve their wellbeing			to inform the involve them planning pro

Appendix D

Stakeholder Power-Interest Grid



Appendix E

Team CITI Training Certificates

CITI PROGRAM

Completion Date 14-Sep-2019
Expiration Date N/A
Record ID 33326338

This is to certify that:

Tim Burton

Has completed the following CITI Program course:

Responsible Conduct of Research (Curriculum Group)
Responsible Conduct of Research (Course Learner Group)
1 - RCR (Stage)

Under requirements set by:

Southern Adventist University

CITI
Collaborative Institutional Training Initiative

Verify at www.citiprogram.org/verify/?w49ce88ab-6524-4e7b-96ed-fce83088182e-33326338

Completion Date 14-Sep-2019
Expiration Date N/A
Record ID 33262232

This is to certify that:

Lupe Lazarine

Has completed the following CITI Program course:

Responsible Conduct of Research (Curriculum Group)
Responsible Conduct of Research (Course Learner Group)
1 - RCR (Stage)

Under requirements set by:

Southern Adventist University

Verify at www.citiprogram.org/verify/?wbc96f204-6d75-46ad-af4a-e4fd7d1d0b85-33262232

Completion Date 28-Sep-2019
Expiration Date N/A
Record ID 33321511

This is to certify that:

Renee Potter

Has completed the following CITI Program course:

Responsible Conduct of Research (Curriculum Group)
Responsible Conduct of Research (Course Learner Group)
1 - RCR (Stage)

Under requirements set by:

Southern Adventist University

Verify at www.citiprogram.org/verify/?wb2bc9dfa-762e-40fe-a322-955f1c57bad2-33321511

Completion Date 03-Oct-2019
Expiration Date N/A
Record ID 33581490

This is to certify that:

Rachel Wood

Has completed the following CITI Program course:

Responsible Conduct of Research (Curriculum Group)
Responsible Conduct of Research (Course Learner Group)
1 - RCR (Stage)

Under requirements set by:

Southern Adventist University

Verify at www.citiprogram.org/verify/?wf53569f5-6bff-4180-b1a6-5974db283263-33581490