An Evidence-Based Intervention to Address Traumatic Events Among Hospice Nurses

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Hospice nurses are exposed to work-related traumatic events due to taking care of terminally ill patients. Working in the community setting, hospice nurses typically do not have adequate time to grieve the loss of their patients. The inability to process patient loss can lead to increased burnout and compassion fatigue in nurses, contributing to decreased quality of care. As a result, hospice nurses seek other nursing specialties or leave the nursing profession altogether. The purpose of this Doctor of Nursing project was to create and implement an algorithm and protocol to empower the manager/Administrator on Call (AOC) and affected nurse to (1) identify the level of support a nurse needs after experiencing a traumatic event, (2) implement four phases of the seven-phase Debriefing Tool. Together, the algorithm and the Debriefing Tool are referred to as the Debrief Protocol (DP). The DP was piloted at a Southern California Hospice Agency with an average daily census of 290 patients. The Oldenburg Inventory Burnout (OLBI) survey was used to measure burnout. Before the implementation of the DP, hospice nurses were educated on the purpose of the DP. The effectiveness of the DP in decreasing burnout among hospice nurses was measured using the Oldenburg Burnout Inventory (OLBI). The OLBI was administered online via RedCAP before and after the implementation of the DP. Data has been collected, cleaned, and entered into SPSS Statistical Software (version 27) for analysis. Data analysis is currently underway. Testing strategies to combat burnout among nurses is imperative to improve nurses’ well-being, which in turn can improve the quality of care, patient satisfaction, and nurse retention.

Keywords: hospice nurse, palliative, burnout, code lavender, compassion fatigue, patient satisfaction, employee satisfaction, crisis intervention, meditation, debriefing tools, traumatic stress, resilience, and nurse turnover.