

ORIGINAL RESEARCH

Change your life through journaling—The benefits of journaling for registered nurses

Lynda J. Dimitroff*¹, Linda Sliwoski², Sue O'Brien³, Lynn W. Nichols⁴

¹Nursing Department, Nazareth College, Rochester, United States

²Greater Rochester Independent Practice Association, Rochester, United States

³Physical Therapy Department, Nazareth College, Rochester, United States

⁴Department of Nursing Research & Evidence-Based Practice, Rochester General Hospital, Rochester, United States

Received: May 16, 2016

Accepted: September 17, 2016

Online Published: October 8, 2016

DOI: 10.5430/jnep.v7n2p90

URL: <http://dx.doi.org/10.5430/jnep.v7n2p90>

ABSTRACT

Objective: The objective of this study was to determine the effect journaling had on the degree of compassion satisfaction (CS), burnout (BO), and trauma/compassion fatigue (TCF) present in registered nurses (RNs). A secondary objective of this study was to gain knowledge about participants' experiences with journaling.

Methods: This study was a pre-test, post-test quasi-experimental design with a qualitative component. A total of 66 registered nurses were recruited to participate in a journaling class. Each RN completed the Professional Quality of Life Scale Survey Revision IV (ProQOL R-IV) three times. In addition to the surveys, participants were asked to answer two open-ended questions.

Results: CS, BO, and TCF all improved after taking the course. The overall change from Pre-survey to Post II-survey was statistically significant for compassion satisfaction ($p = .008$); burnout ($p = .0001$); and, trauma compassion fatigue ($p = .0001$). During constant-comparative analysis three themes were identified as: 1) journaling allowed me to unleash my inner most feelings, 2) journaling helped me to articulate and understand my feelings concretely, and 3) journaling helped me make more reasonable decisions.

Conclusions: This study provides valuable information about journaling having a positive effect over time on the ability of registered nurses to handle stress, increase CS, and decrease BO and TCF symptoms. While this information adds to the limited literature, further research needs to be conducted with a larger sample.

Key Words: Journaling, Registered nurses, Compassion satisfaction, Burnout, Trauma/compassion fatigue

1. INTRODUCTION

Writing and wellness are natural allies. When approached in a purposeful and intentional way, journal writing can be an agent for healing and change. Writing thoughts and feelings in a journal develops insight, compassion for self, and body awareness. Writing organizes cognition, articulates intuition, and regulates emotion.^[1]

Emotional exhaustion and burnout (BO) are costly to registered nurses (RNs) physically, emotionally, socially, and spiritually, and, financially costly to health care organizations in terms of nursing turnover. The overall health of our RNs has a direct impact on health care organizations. Emotional exhaustion and BO of nurses are detrimental to patient care outcomes. The nursing profession must explore opportunities to strengthen the current workforce; and incorporate

*Correspondence: Lynda J. Dimitroff; Email: lynda.dimitroff@gmail.com; Address: Nursing Department, Nazareth College, Rochester, United States.

the development of self-care strategies and self-development into the busy lives of nurses.

There is an abundance of literature supporting the benefits of journaling. Journaling encourages self-awareness, allows for the opportunity to release emotions, and may assist in making sense of complex situations.^[2-14] The current study explored the effects of journaling on reported symptoms of CS, BO, and, TCF in RNs. The very nature of working in the nursing profession lends itself to CS, BO, and TCF. Most nurses have experienced some form of related symptoms in their careers.^[15]

As more technical and complex treatments emerge, the RN is required to compassionately care for and give emotional support to treat the patient. Compassionate care and emotional support of patients puts the RN in a very vulnerable position. The empathy and compassion that are necessary for supportive patient care are also the main characteristics that make nurses susceptible to TCF and BO. If RNs continually neglect their own basic human needs for self-care, eventually, they will give way to symptoms of BO and TCF.^[16] "... Compassion fatigue can be emotionally devastating, resulting in impaired performance which makes the goal of quality care almost impossible to accomplish".^[17] Exploring the benefits of a structured journaling program for RNs may be one strategy to reduce BO and TCF and encourage self-care.

Pennebaker^[14] investigated how writing about emotionally upsetting experiences can affect a person's thoughts, feelings, and physical health. Parr, Haberstroh, and Kottler^[18] state that not disclosing personal thoughts and feelings can be unhealthy. Francis & Pennebaker^[19] concluded that journaling reduced blood pressure, moods, and absenteeism in subjects. Pennebaker's work^[14] also indicated that journaling about meaningful topics improved the physical and emotional well-being of individuals. Pennebaker^[14] reported that there were no differences in the benefits of writing related to personality, culture, or language.

1.1 Literature review

Despite the literature confirming the benefits of journaling, it remains underused as a means of self-care in nursing. No published research was found that examined the relationship between journaling and extent of symptoms of CS, BO, or TCF expressed by RNs.

1.1.1 Journaling

Journaling is one resource shown to improve health. Journaling is the act of writing down thoughts, perceptions and feelings. Journaling about complex situations is a practical way for the author to have a relationship with her/his own mind. The written word often provides clarity to a situation.

Journaling is a method that encourages reflection and emotional discharge. The literature is saturated with the benefits of journaling including self-awareness; release of pent-up emotions, record keeping—tracking your life experiences; relationship healing; exploring inner guidance—accessing subconscious and unconscious minds; and, improved health. Examples of improved health include: lowered blood pressure, enhanced immune function, and decreased depressive symptoms.^[3, 8-11, 13, 18, 20]

Journaling is a record of personal thoughts, daily events, and evolving insights. By giving the author a voice, journaling allows the opportunity for the author to release emotions and make sense out of complex life experiences. Journaling is a vehicle for self-understanding, self-guidance, expanded creativity, and spiritual development.^[2] The journal allows authors to freely express themselves without judgment, criticism or analysis. A scream, anger, whimper, sadness, wail, and rage are all acceptable behaviors to the journal.^[2, 8-11, 13, 18, 20] Journal writing is a form of self-expression that can add dimension to the author's life.

Progoff has been credited with being the father of modern day journaling.^[2] He has been recognized as the leader in understanding the personal value of journal writing for growth and learning since 1966. Progoff^[21] developed the Intensive Journal Process Workshop, which is an instrument for self-guidance to help people derive meaning of their unique life.

The review of the literature identified that journaling is an effective tool to develop critical thinking in diverse fields of education. Nurse educators have used journal entries, such as general observations, questions, speculative statements, expressions of self-awareness, statements of synthesis, revisions of previously held ideas, and the accumulation of new information, to develop critical thinking in nurses. The use of a journal for clinical experiences can have the same benefits as those received from personal journal writing. The student can find meaning in life and the journal allows the student to release feelings about the clinical experience. Empathy develops with reflective thinking.

1.1.2 Compassion fatigue and compassion satisfaction

"Compassion fatigue (CF) also called secondary trauma . . . is about your work-related, secondary exposure to extremely stressful events".^[22] In contrast, "compassion satisfaction is the sum of all the positive feelings a person derives from helping others".^[16] The empathy that nurses provide to their patients is life giving personally and professionally.^[16, 23-25] "Compassion satisfaction has been identified as a construct that measures these affirmative experiences".^[25]

CF is a specific type of BO unique to the helping professions and was first identified and described in the nursing literature by Joinson in the 1990s. RNs are especially at risk for developing CF due to the emotional and physical demands of the profession. If the symptoms of CF are not identified and preventive actions are not taken, several consequences may result from these prolonged feelings, including the inability to care for patients in a mutually satisfactory manner.^[26] In such situations, RNs may become more task-oriented and less relationship-oriented.^[27]

In some cases, the RN experiencing these symptoms over time may choose to leave the nursing profession completely. While all health care providers are at risk for CF, nurse leaders need to understand and recognize that RNs are particularly vulnerable. The stressors in nursing are related to close patient and family relationships, the perceived lack of control over disease outcome, and the deep involvement with death and dying issues. RNs need help to recognize and cope with these stressors. Some of the helping strategies may include education, retreats, emotional expression, storytelling, and journaling.^[28]

CF began under the umbrella of Post-Traumatic Stress Syndrome (PTSS).^[29] Early work in traumatology and the need for early intervention for victims who were exposed to horrific experiences grew in the late 1980s when it became evident that those providing assistance to victims of trauma were experiencing adverse effects themselves outside of work.^[30,31] The care provider experienced symptoms that mimicked those of the victims who were actually traumatized. This phenomenon was called Secondary Traumatic Stress Syndrome (STS). STS occurs when one is exposed to extreme events which are directly experienced by another, and is overwhelmed by this secondary exposure to trauma.^[29]

The historical development of the term CF came from the link between PTSS and STS.^[29,30,32,33] Compassion fatigue has been thought to be a combination of STS and BO precipitated by the delivery of care that brings health care professionals into contact with suffering.^[31,34] The concept of CF cited in the nursing literature by Joinson^[32] described nurses who were exhausted and worn down by daily interactions with patients, hospital emergencies, “increasingly sophisticated medical technology”,^[32] and hospital emergencies. The RN was exposed to a person or patient who had been traumatized rather than having direct exposure to the trauma. This differentiates CF from PTSS.^[31]

Symptoms of CF share multiple traits with those of BO; there are however, differences.

Burnout is associated with feelings of hopelessness and difficulties in dealing with work or do-

ing your job effectively. These negative feelings usually have a gradual onset. They can reflect the feeling that your efforts make no difference, or they can be associated with a very high workload or a non-supportive work environment.^[22]

Compassion fatigue results from the consequence of caring for people who are suffering, rather than a direct response to the work environment.^[23–25,35–39]

Compassion fatigue develops as a result of the care provider’s exposure to the patient’s experiences combined with empathy for the patient. Burnout is a gradual wearing down of the caregiver, by one’s feelings of being overwhelmed by one’s work and feeling incapable of effecting positive change. These feelings produce emotional withdrawal and diminished empathy. When symptoms of CF are present, the caregiver tries to continue to give patient care but feels as though s/he has failed at the profession.^[29,40,41] Nurses experiencing CF are left emotionally and psychologically unavailable to give more to their patients and families.

Figley^[29] suggested that empathy and emotional energy are the underlying drivers in the development of CF. Those care providers who have an enormous capacity for feeling and expressing empathy tend to be more at risk.^[31,42] The profession of nursing puts the needs of patients first before tending to its own needs. Caregivers in general, lack the attention to their own personal, social and spiritual needs.^[26,32] This order of priorities, coupled with the demand for caring for more patients in less time and with fewer resources, produces decreased morale, decreased patient and nurse satisfaction, increased health care costs, and behavioral changes in staff nurses.^[43]

Statement of study aims, research question, and/or hypotheses:

The objective of this study was to determine the effect journaling had on the degree of CS, BO, and TCF present in RNs. A secondary objective of this study was to gain knowledge about participants’ experiences with journaling.

2. METHODS

The study design was a pre/post-test quasi experimental design with a qualitative component. Descriptive and inferential statistics including Friedman’s two-way analysis of variance (ANOVA) by ranks, and pairwise comparisons were chosen to analyze the responses to the Professional Quality of Life Scale Survey Revision IV (ProQOL R-IV) which measured CS, BO, and TCF. Friedman’s two-way ANOVA by ranks is a non-parametric test similar to the one-way ANOVA with repeated measures.^[44] The Friedman test was

used to test the differences between groups across multiple time periods (Pre-survey, Post I-survey, and Post II-survey) with the ordinal variables (CS, BO, and TCF).

A descriptive qualitative method through constant-comparative analysis was utilized to understand more about the effects of journaling through responses participants gave to the open-ended questions of the Post II-survey. The purpose of descriptive qualitative research is to describe experiences as they are lived. In this instance, a qualitative, descriptive approach allowed for a deeper understanding of the nurses' experience with journaling.

Taylor^[45] explained that

... the search for the nature of a phenomenon begins with the people, in their place and time, and it leads to an explication of the aspects of a phenomenon. The nature of a phenomenon is a reflection of the nature of people as human beings ... who are living and making sense of their experiences.

In qualitative research, data analysis is an on-going process of interpretation, coding, and re-coding. Following the verbatim transcription of the written responses to the two open-ended questions, the transcripts were read, coded, and re-read. Two registered nurses (the Primary Investigator [PI] and the Research Mentor) analyzing the data allowed for auditing categories and themes, thus ensuring the dependability and confirmability components of trustworthiness.

Prior to data collection, Nursing Research Committee and Institutional Review Board approvals were obtained from the institution where the study took place.

Though there were minimal risks to the participants, there was the potential of bringing unresolved issues to the surface which could have led to temporary feelings of sadness or depression. If temporary feelings of sadness or depression persisted, the participant was encouraged to talk with a therapist. Participants who were in therapy were encouraged to review this research program with their therapist prior to beginning the program. Participants were free to withdraw from this study at any time. Any identifying personal information was kept confidential.

Participation in this study was voluntary. The study was categorized as minimal risk and involved approximately 15 hours over a six-week period. In addition, participants were asked to complete homework assignments.

The sample consisted of 66 RNs who were employed in the Rochester, NY area. Data were collected in three phases which included the administration of the ProQOL Revision

IV three times: the Pre-survey (prior to the intervention), Post I-survey (immediately following the intervention), and Post II-survey, and two open-ended questions (two months after the intervention).

The ProQOL R-IV instrument measured the self-reported frequency of various characteristics that RNs experienced related to their work experiences over a 30-day period.

2.1 Sample recruitment

At the beginning of the study, a brochure explaining the study, informational meeting dates, class dates and times, and the Primary Investigator (PI) contact information was posted on nursing units and discussed in meetings at the hospital where the study took place. In addition, eligible RNs were contacted through the hospital and local professional organizations via email and word of mouth. Interested RNs received a letter about the research project and were invited to attend a 1.5-hour informational meeting.

2.2 Pre-survey phase

During the Pre-survey Phase, (the informational meeting), the study was explained, there was an opportunity to ask questions about the study, and the forms (informed consent, demographics, contact information, and the Pre-survey) were completed. In order to maintain confidentiality, each participant was assigned a code which was recorded on the contact information form and the surveys.

2.3 Intervention phase

The intervention was a six-week journaling program consisting of six 2.5 hour journaling classes. Each participant was asked to attend all six classes and complete a 1-3 hour assignment after each class. Participants determined how much time they wanted to spend on assignments.

At the first journaling class, each participant received, *The write way to wellness*, a workbook written by Kathleen Adams.^[46] This workbook was used throughout the six-week journaling program. At no time during the journaling program were the participants asked to hand in their workbook or journaling assignments. There were optional opportunities at each session for the participant to verbally share their journaling experiences and feelings.

In the event that a participant missed a journaling class, the PI gave the RN the material covered in class and they were asked to complete the work independently. If more than one class was missed, the participant was invited to attend the subsequent journaling classes, however, they were not eligible to complete the Post I-survey, Post II-survey or open-ended questions, receive CNE credits, or receive *the Journal to the self*^[3] gift book at the completion of the journaling

program.

2.4 Post I-survey

Following the completion of the six-week journaling program, the participant completed the Post I-survey which took approximately 15 minutes. Each participant received a sealed envelope with their name on the outside of the envelope. The survey inside contained their assigned code. After completing the Post I-survey, the participant placed the survey in a blank envelope, sealed the envelope, and gave the envelope to the PI. This was to ensure confidentiality was protected.

2.5 Post II-survey

Two months after the completed journaling program, each participant was sent the Post II-survey and the two open-ended questions (qualitative data) in the mail and asked to complete each form. These forms included their assigned code number.

The participant was asked to return the completed surveys in the stamped, addressed envelope within two weeks of receipt of the surveys. The participant received the CNE certificate and the workbook, *Journal to the self*^[3] after returning the completed final two forms.

2.6 Instrument

The Professional Quality of Life Scale R-IV Survey (ProQOL R-IV) The ProQOL R-IV was used in this study to measure CS, BO, and TCF. This instrument is the renamed third version of the Compassion Fatigue Self Test (CFST), a survey that has been widely used in assessing CF. The revisions addressed difficulties with separating BO and secondary/vicarious trauma and also reduced the participant burden by shortening the test from 66 to 30 items. Each subscale contained ten items: seven items from the previous version and three new items.

The Cronbach alpha reliabilities for the scales are as follows: compassion satisfaction alpha = 0.87; burnout alpha = 0.72; and CF alpha = 0.80.^[22] The construct validity has been well established in over 200 articles noted in the peer review literature. Early return on test-retest data suggested good reliability across time. Factor analysis techniques have been applied in CFST revision to the ProQOL R-IV version.

3. RESULTS

Participants in this study were enrolled from a convenience sample of RNs who were employed at an acute-care facility in Rochester, NY. There were 66 matching surveys for the three time points (pre-intervention/Time 1, Post I-survey/Time 2, and two months after the intervention Post II-survey/Time 3) and responses to the two open-ended

qualitative questions. The Statistical Package for Social Sciences for Windows, Version 23.0^[47] was utilized for data analysis. Statistical significance was detected using an alpha level of 0.05.

Descriptive statistics were used to describe the sample and included an analysis of age, gender, race, education, years in nursing, position, and expertise in journal writing and are displayed in Table 1 characteristics of sample. Inconsistent normality was found therefore, non-parametric tests were used to test for difference across three time periods. Post hoc testing was calculated to determine where significance was between the three points in time.

CS, BO, and TCF all improved after taking the course. The overall change from Pre-survey to Post II-survey was statistically significant for compassion satisfaction ($p = .008$); burnout ($p = .0001$); and, trauma compassion fatigue ($p = .0001$).

Results were maintained (statistically significant) at the two month period for BO ($p = .0001$) and TCF ($p = .001$) and were not maintained for CS ($p = 1.0$).

These statistically significant results on all three scale means indicate a trend for a positive impact of the journaling intervention classes.

3.1 Quantitative

The quantitative results of this study were as follows:

- (1) Journaling was statistically significant, increasing compassion satisfaction ($p = .008$).
- (2) Journaling was statistically significant in reducing burnout ($p = .0001$).
- (3) Journaling was statistically significant in reducing trauma/compassion fatigue ($p = .0001$).

3.2 Qualitative

Constant-comparative analysis was completed of the written responses to the two open-ended questions in the Post II-survey. To ensure credibility, the analysis was completed by both the PI and Research Mentor. Analysis was completed individually and then individual results were compared to safeguard the accurate representation of the participants' responses and researchers' construction of themes.

Saturation was reached by coding the written response to the open-ended questions. Once the categories became repetitive, themes were identified and the analysis process ceased. During the analysis three themes were identified as: 1) journaling allowed me to unleash my inner most feelings, 2) journaling helped me to articulate and understand my feelings concretely, and 3) journaling helped me make more reasonable decisions.

Table 1. Characteristics of sample (N = 66)

Characteristic	n	%
Age category		
19-29	5	7.6
30-39	10	15.2
40-49	17	25.8
50-59	31	47.0
60+	3	4.5
Gender		
Female	65	98.5
Male	1	1.5
Race		
American Indian or Alaska Native	1	1.5
Asian	1	1.5
Black/African-American	1	1.5
Hispanic or Latino	2	3.0
Native Hawaiian or Pacific Islander	1	1.5
White	60	90.9
Education		
RN-Diploma or Associate's	24	36.4
RN-BSN	37	56.1
RN-MSN or higher	5	7.6
Years in nursing		
0-3	5	7.6
4-9	9	13.6
10-15	9	13.6
16-20	7	10.6
21-25	9	13.6
26 or more	27	40.9
Position		
Adult only	3	4.5
Home care	2	3.0
Inpatient	14	21.2
Outpatient	7	10.6
Medical	1	1.5
Pediatric/adult	5	7.6
Pediatric only	1	1.5
Surgical	2	3.0
Other	4	6.1
More than one specialty	27	40.9
Position		
Administration or Management	6	9.2
Staff RN	46	70.7
Other	9	13.8
More than one position	4	6.1
Rate expertise in journal writing		
Novice	27	40.9
Beginner	28	42.4
Competent	10	15.2
Advanced	1	1.5

Theme I: Journaling allowed me to unleash my inner most thoughts

The journaling intervention helped the participant's stress at work because they had the ability to channel their inner

emotions onto paper. This released "the pressure valve" of emotions as one participant stated.

One nurse said, "This by far was the best experience for me as a person. It allowed me to unleash my inner thoughts. . . ." Another said, "I use this journaling experience as a valve to release pressure."

One of the RNs expressed this by writing,

The journaling experience has been an invigorating cathartic extension of my journey. I have never felt more connected or comfortable on knowing that this was where I was supposed to be. Though moments in my mind were painful I am so thankful that I was able to be a part of this experience.

Finally, one woman described the experience as,

It helped to have a place to pour out thoughts or 'rant' by writing rather than getting the urge to do it out loud when it is not always appropriate, and instead of feeding negative energy to others, keep it to myself but still have an outlet to let it out, instead of letting it build up inside.

Theme II: Journaling helped me to articulate and understand my feelings concretely

The journaling technique was therapeutic for nurses, increasing awareness to focus on the real issues, and express thoughts and feelings through writing. Journaling helped the nurses make their thoughts and feelings black and white.

The nurses agreed that the journaling class helped to increase their awareness about feelings. One nurse wrote,

It has been instrumental in helping me identify and articulate my feelings about nursing and personal events in my life. . . . Journaling forces me to put a name to that anxiety, quickly focus on the root and would absolutely facilitate my ability to deal with it. Thank you, thank you, thank you!

One participant discussed the journal in terms of an important tool, "The journaling intervention has given me knowledge and power and tools to express my inner experiences on paper." Finally, one participant stated, "(journaling) puts things on paper in black and white, right out in the open. . . ."

Theme III: Journaling helped me make more reasonable decisions

In the context of the class, the nurses discussed how much journaling helped to make better decisions utilizing a new skill - journaling. One RN wrote,

... I am able to refocus and reassess the situation from a different angle. . . The power to step away from a stressful situation or experience by applying my emotions to paper has changed my life. Situations at work do not upset me as easily today.

Another stated, *“I think it made me even more in touch with myself and created an awareness which helped me take care of myself and therefore better care of others. I would say it helped, yes.”* *“... helps or forces you to do something about it.”* Finally, one nurse summarized all three themes,

When I feel stressed, I use free-flow writing to get my ideas down. It really helps to get things on paper. After I finish writing and I reread it, it really helps me to understand what I have been feeling. . . and makes it easier to deal with.

4. DISCUSSION AND CONCLUSION

Journaling is an important tool for registered nurses. Few of us question the physical and emotional toll RNs experience as a result of the numerous demands placed upon them by their work. These demands affect individuals on both personal and professional levels, contribute to attrition in professions that are already experiencing shortages, and can ultimately impact the quality of care received by patients. Obviously, it benefits RNs, the patients they serve, and our healthcare system as a whole, to do what we can to provide RNs with the tools necessary to adequately address the ongoing demands of providing care.

“Compassion fatigue is prevalent across all spectrums of the helping professions and is flourishing. Can we afford to ignore the consequences? If we do not care now, who will and when? At what cost?”^[48]

These results indicate that journaling does have a positive effect over time on the ability of nurses to handle stress and CF resulting from the work in their professions. A larger study would be warranted so that additional information could confirm the results of this study.

4.1 Limitations

As with all studies, limitations must be deliberated prior to applying the results of a study to a given setting. In this study, there was an 81% return rate of matching surveys for the three intervention time points, however, the overall study sample size (n = 66) was small and the participants were not randomly chosen. The study was conducted with currently

employed RNs in Rochester, New York. There may have been a response bias with the RNs who chose to take part in this study.

4.2 Recommendations for practice, policy, and future research

The implications for practice include implementing a journaling program at the institution of study, for local professional nursing organizations, and at local nursing schools; and, developing educational programs for healthcare providers on journaling. In addition, it would be beneficial to consider collecting post-intervention data at six and twelve month intervals. Examining these data points would provide valuable information as to the long term benefits of journaling as a useful tool in sustaining CS and preventing BO and TCF.

Overall, given the small sample size for this study the significant findings are important and notable. Recommendations for future studies include replicating the study with a larger sample size.

Compassion fatigue is a preventable and treatable phenomenon. Organizations with policies, interventions, and evaluation methodologies that address CF risk may result in substantial employee benefit cost savings, uninterrupted professional nursing care, and increased patient family satisfaction and may continue to be regarded in communities as an optimal choice in EOL [sic End of life] care.^[49]

BIOS STATEMENT

Dr. Lynda J. Dimitroff, PhD, MEd, BSN, RN, MCHES, Assistant Professor, Nursing Department, Nazareth College, Rochester, NY; Linda Sliwoski, MSN, RN, Certified Journaling Instructor, Nurse Care Manager, Greater Rochester Independent Practice Association, Rochester, NY; Dr. Sue O'Brien, PhD, PT, NCS, CEEAA, Assistant Professor, Physical Therapy Department, Nazareth College, Rochester, NY; Dr. Lynn W. Nichols, PhD, RN, Senior PhD Research Scientist, Department of Nursing Research & Evidence-Based Practice, Rochester General Hospital, Rochester, NY.

ACKNOWLEDGEMENTS

The authors of this article would like to thank Dr. Kathryn Gardner, EdD, RN, Dr. Carmela Rehtz, EdD, RN, Merilee Ritter, Barb Buscaglia, MSN, RN, CNA-BC, Janice Putrino, LMSW, and, Jennifer S. Burr, MLS, MA, Scholarly Communications Librarian and Associate Professor for their assistance on this project.

CONFLICTS OF INTEREST DISCLOSURE

The authors declare that there is no conflict of interest.

REFERENCES

- [1] Adams K. *Expressive Writing: Foundations of Practice*. Lanham, MD: Rowman & Littlefield Publishing; 2013. 176 p.
- [2] Adams K. *Journal to the self: Twenty-two paths to personal growth*. New York: Warner Books; 1990. 239 p.
- [3] Adams K. *Journal to the self-work book*. Lakewood, CO: The Center for Journal Therapy; 2002. 72 p.
- [4] Baldwin C. *Life's companion. Journal writing as a spiritual quest*. New York: Bantam Books; 1991a. 352 p.
- [5] Baldwin C. *One to one. Self-understanding through journal writing*. New York: M. Evans and Company, Inc.; 1991b. 170 p.
- [6] Bolton G, Field V, Thompson K. *Writing works. A resource handbook for therapeutic writing workshops and activities*. Philadelphia, PA: Atheneum Press, Gateshead, Tyne, and Wear; 2006. 255 p.
- [7] Bolton G, Field V, Thompson K. *Writing routes. A resource handbook of therapeutic writing*. Philadelphia, PA: Jessica Kingsley Publishers; 2011. 238 p.
- [8] Brady EM, Sky HZ. Journal writing among older learners. *Educational Gerontology*. 2003; 29(2): 151-163. <http://dx.doi.org/10.1080/713844282>
- [9] Callister LC. The use of student journals in nursing education: Making meaning out of clinical experience. *Journal of Nursing Education*. 1993; 32(4): 185-186. PMID:8388443
- [10] Gillis A. Journal writing in health education. *New Directions for Adult and Continuing Education*. 2001; 90: 49-58. <http://dx.doi.org/10.1002/ace.20>
- [11] Hiemstra R. Uses and benefits of journal writing. *New Directions for Adult and Continuing Education*. 2001; 90: 19-26. <http://dx.doi.org/10.1002/ace.17>
- [12] Kuo C, Turton M, Cheng S, et al. Using clinical caring journaling: Nursing student and instructor experiences. *Journal of Nursing Research*. 2011; 19(2): 141-149. PMID:21586991 <http://dx.doi.org/10.1097/JNR.0b013e31821aa1a7>
- [13] Mills SD. Electronic journaling: Using the web-based, group journal for service-learning reflection. *Michigan Journal of Community Service Learning*. 2001; 8(1): 27-35.
- [14] Pennebaker JW. *Opening up. The healing power of expressing emotions*. New York: The Guildford Press; 1990. 249 p.
- [15] Burtson PL, Stichler JF. Nursing work environment and nurse caring: Relationship among motivational factors. *Journal of Advanced Nursing*. 2010; 66(8): 1819-1831. PMID:20557389 <http://dx.doi.org/10.1111/j.1365-2648.2010.05336.x>
- [16] Saco TL, Ciurzynski SM, Harvey ME, et al. Compassion satisfaction and compassion fatigue among critical care nurses. *Critical Care Nurse*. 2015; 35(4): 32-44. PMID:26232800 <http://dx.doi.org/10.4037/ccn2015392>
- [17] Keidel GC. Burnout and compassion fatigue among hospice caregivers. *American Journal of Hospice and Palliative Care*. 2002; 19(3): 200-205. <http://dx.doi.org/10.1177/104990910201900312>
- [18] Parr G, Haberstroh S, Kottler J. Interactive journal writing as adjunct in group work. *Journal for Specialists in Group Work*. 2000; 25(3): 229-242. <http://dx.doi.org/10.1080/01933920008411464>
- [19] Francis ME, Pennebaker JW. Putting stress into words: The impact of writing on physiological, absentee, and self-reported emotional well-being measures. *American Journal of Health Promotion*. 1992; 6(4): 280-287. PMID:10146806 <http://dx.doi.org/10.4278/0890-1171-6.4.280>
- [20] Pennebaker JW, Colder M, Sharp LK. Accelerating the coping process. *Journal of Personality and Social Psychology*. 1990; 58(3): 528-537. <http://dx.doi.org/10.1037/0022-3514.58.3.528>
- [21] Proffitt I. *At a journal workshop. The basic text and guide for using the intensive journal process*. New York: Dialogue House Library; 1975. 320 p.
- [22] Stamm BH. *The ProQOL manual*. Idaho State University: Sidran Press; 2005. 29 p.
- [23] Branch C, Klinkenberg D. Compassion fatigue among pediatric healthcare providers. *American Journal of Maternal and Child Nursing*. 2015; 40(3): 160-166. PMID:25594692 <http://dx.doi.org/10.1097/NMC.0000000000000133>
- [24] Hinderer KA, VonRueden T, Friedmann E, et al. Burnout, compassion fatigue, and secondary traumatic stress in trauma nurses. *Journal of Trauma Nursing*. 2014; 21(4): 160-169. PMID:25023839 <http://dx.doi.org/10.1097/JTN.0000000000000055>
- [25] Smart D, English A, James J, et al. Compassion fatigue and satisfaction: A cross-sectional survey among US healthcare workers. *Nursing and Health Sciences*. 2014; 16: 3-10. PMID:23663318 <http://dx.doi.org/10.1111/nhs.12068>
- [26] Dec E. How renal professionals can deal with compassion fatigue. *Nephrology News and Issues*. 2005; 19(11): 70-71. PMID:16270740
- [27] Medland J, Howard-Ruben J, Whitaker E. Fostering psychosocial wellness in oncology nurses: Addressing burnout and social support in the workplace. *Oncology Nursing Forum*. 2004; 31(1): 47-54. PMID:14722587 <http://dx.doi.org/10.1188/04.ONF.47-54>
- [28] Aycock N, Boyle D. Interventions to manage compassion fatigue in oncology nursing. *Clinical Journal of Oncology Nursing*. 2009; 13(2): 183-191. PMID:19349265 <http://dx.doi.org/10.1188/09.CJON.183-191>
- [29] Figley CR. *Compassion fatigue as secondary traumatic stress disorder: An overview*. New York: Brunner/Mazel Publishers; 1995. 268 p.
- [30] Figley CR. *Treating compassion fatigue*. New York: Brunner Routledge; 2002. 227 p. PMID:12412153
- [31] Sabo B. Compassion fatigue and nursing work: Can we accurately capture the consequences of caring work? *International Journal of Nursing Practice*. 2006; 12(3): 136-142. PMID:16674780 <http://dx.doi.org/10.1111/j.1440-172X.2006.00562.x>
- [32] Joinson C. Coping with compassion fatigue. *Nursing*. 1992; 22(4): 116, 118-119, 121. PMID:1570090 <http://dx.doi.org/10.1097/00152193-199204000-00035>
- [33] Racanelli C. Attachment and compassion fatigue among American and Israeli mental health clinicians working with traumatized victims of terrorism. *International Journal of Emergency Mental Health*. 2005; 7(2): 115-24. PMID:16107043
- [34] Marcus S, Dubi M. The relationship between resilience and compassion fatigue in counselors. *American Counseling Association – VISTAS*. 2006; 223-225.
- [35] Hunsaker S, Chen H, Maughan D, et al. Factors that influence the development of compassion fatigue, burnout, and compassion satisfaction in emergency department nurses. *Journal of Nursing Scholarship*. 2015; 47(2): 186-194. PMID:25644276 <http://dx.doi.org/10.1111/jnu.12122>
- [36] Mason VM, Leslie G, Lyons P, et al. Compassion fatigue, moral distress, and work intensive care unit trauma nurses. A pilot study. *Dimensions of Critical Care Nursing*. 2014; 33(4): 215-25. PMID:24895952 <http://dx.doi.org/10.1097/DCC.0000000000000056>
- [37] Melvin CS. Professional compassion fatigue: What is the true cost of caring for the dying? *International Journal of Palliative Nursing*. 2012; 18(12): 606-611. PMID:23560318 <http://dx.doi.org/10.12968/ijpn.2012.18.12.606>
- [38] Slatton LA, Carson KD, Carson PP. Compassion fatigue and burnout. What managers should know. *The Health Care Manager*. 2011; 30(4):

- 325-333. PMID:22042140 <http://dx.doi.org/10.1097/HCM.0b013e31823511f7>
- [39] Potter P, Deshields T, Berger JA, et al. Evaluation of a compassion fatigue resiliency program for oncology nurses. *Oncology Nursing Forum*. 2013; 40(2): 180-187. PMID:23448743 <http://dx.doi.org/10.1188/13.ONF.180-187>
- [40] Rudolph JM, Stamm HB, Stamm HE. Compassion fatigue. A concern for mental health policy, providers & administration. *Proceedings of the 13th Annual Meeting of the International Society for Traumatic Stress Studies Conference*; 1997; Montreal, Canada.
- [41] Stevens-Guille B. Compassion fatigue: Who cares for the caregivers? *Alberta RN*. 2003; 59(7): 18. PMID:13677678
- [42] Salston MD, Figley CR. Secondary traumatic stress effects of working with survivors of criminal victimization. *Journal of Traumatic Stress*. 2003; 16(2): 167-174. PMID:12699204 <http://dx.doi.org/10.1023/A:1022899207206>
- [43] Garrett DK, McDaniel AM. A new look at nurse burnout: The effects of environmental uncertainty and social climate. *Journal of Nursing Administration*. 2001; 31(2): 91-96. PMID:11271685 <http://dx.doi.org/10.1097/00005110-200102000-00009>
- [44] Pilchta SB, Kelvin, EA. *Munro's statistical methods for health care research*. Philadelphia, PA: Wolters Kluwer Health/Lippincott Williams & Wilkins; 2012. 567 p.
- [45] Taylor B. *Interpreting phenomenology for nursing research*. *Nurse Researcher*. 1995; 3(2): 66-79. PMID:27285048 <http://dx.doi.org/10.7748/nr.3.2.66.s7>
- [46] Adams K. *The write way to wellness - A workbook for healing and change*. Lakewood, CO: The Center for Journal Therapy; 2000. 158 p.
- [47] IBM Corporation. *Statistical Package for Social Sciences for Windows*. Version 23.0 [software]. Chicago, IL: IBM Corp. 2016.
- [48] Showalter S. Compassion fatigue: What is it? Why does it matter? Recognizing the symptoms, acknowledging the impact, developing the tools to prevent compassion fatigue, and strengthen the professional already suffering from the effects. *American Journal of Hospice and Palliative Care*. 2013; 27(4): 239-242. PMID:20075423 <http://dx.doi.org/10.1177/1049909109354096>
- [49] Abendroth M, Flannery J. Predicting the risk of compassion fatigue. A study of hospice nurses. *Journal of Hospice and Palliative Nursing*. 2006; 8(6): 346-356. <http://dx.doi.org/10.1097/00129191-200611000-00007>