

Introduction to ACEs, Compassion Fatigue, and Self-Care

Adverse Childhood Experiences:

- 10 risk factors during childhood that are correlated with adult health issues, fewer life opportunities, life dissatisfaction, and mortality.¹
- ACEs include emotional, physical, and sexual abuse; emotional and physical neglect; witnessing domestic violence; separation or divorce of parents; and living with substance abusing, mentally ill, and criminal household members.¹
- Research on the impact of ACEs among healthcare professionals is lacking; however, some studies have found correlations of ACEs with retraumatization and secondary traumatic stress.²
- Rates of ACEs in the general population is estimated between 52-59.3%.^{1,3}

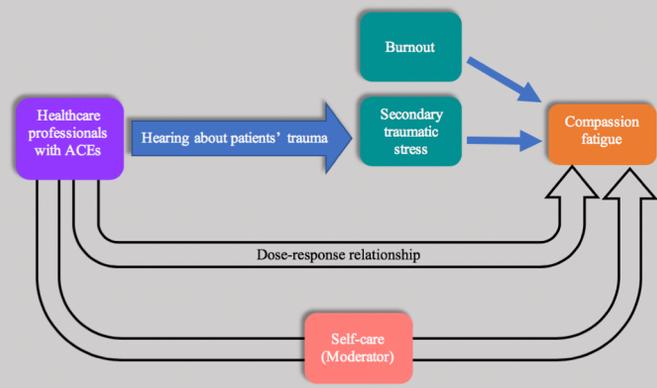
Compassion Fatigue:

- Compassion fatigue is comprised of burnout and secondary traumatic stress.⁴
- Symptoms include feeling overwhelmed, fearful to engage in the professional work, forgetfulness, difficulties sleeping, and feeling on edge.⁴
- Low work satisfaction and burnout among healthcare providers leads to careless mistakes and negatively impacts patient care.^{6, 7, 8, 9, 10, 11}

Self-Care:

- Self-Care can combat compassion fatigue and burnout among healthcare professionals by protecting and enhancing resilience.^{12, 13, 14, 15, 16}

Pathways Between ACEs and Compassion Fatigue



Current Study

Hypotheses:

- **Hypothesis 1:** On account of research related to the “wounded healer,”^{16, 17, 18} mental health professionals will have higher rates of ACEs than the other healthcare professionals.
- **Hypothesis 2:** Consistent with the literature that has found a dose-response relationship for ACEs^{21, 22, 23, 24, 25, 26} and vicarious trauma and secondary traumatic stress,^{2, 16} those who have experienced more ACEs will have higher rates of compassion fatigue.
- **Hypothesis 3:** Given the benefits of self-care on improving resilience and reducing burnout,^{11, 12, 13, 14, 15} self-care will moderate the impact of ACEs on compassion fatigue.

Methodology & Recruitment:

- Quantitative research methods used to examine the correlation between the number of ACEs and level of compassion fatigue among healthcare providers through anonymous online surveying.
- Qualified participants included healthcare professionals who provide direct patient care, had completed their education, were licensed and certified, and able to respond to a survey in English.
- Participants were recruited convenience and snowball sampling through electronic mailing lists.

Measures:

- Professional Quality of Life Scale-5 (ProQOL 5)²⁷
- The World Health Organization Ace-Intervention Questionnaire (WHO ACE-IQ)²⁸
- Self-care checklist^{12, 13, 14, 15, 29}
- Demographics questionnaire

Future Directions

Current Status of Research:

- Data collection occurred between 12/18/2019 and 03/17/2020 and resulted in 83 completed responses and 8 partially completed responses.
- Data collection ended due to concerns that the stress from COVID-19 among healthcare professionals would skew results and differ from responses collected before the pandemic.

Next Steps:

- Data analysis will begin May 2020:
 - Hypothesis 1: one-way ANOVA.
 - Hypothesis 2: two bivariate correlation analyses assessing (1) ACEs and burnout, and (2) ACEs and secondary traumatic stress.
 - Hypothesis 3: a multiple regression will be conducted by adding self-care to the analyses from the second hypothesis.

Considerations for Similar Research and Replication Studies:

- Consider following-up with Wave 2 emails given the busy schedule of healthcare professionals.
- Design recruitment to solicit responses from a more diverse healthcare provider participant pool.

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