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 diverse 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.⁵, 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

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 Ac-I-International Questionnaire (WHO ACE-IQ)²⁸
- Self-care checklist 12, 13, 14, 15, 29
- Demographics questionnaire

Pathways Between ACEs and Compassion Fatigue

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.

Future Directions

References