

Interventions to Manage Compassion Fatigue in Oncology Nursing

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Work-related stress emanating from close interpersonal contact with patients with cancer and their families may result in physical, emotional, social, and spiritual adversity for oncology nurses. The negative result of this cumulative distress has historically been referred to as *burnout*. However, this dated term does not truly depict the result of the longitudinal workplace ramifications of sadness and despair on nursing staff. This article proposes that the phrase *compassion fatigue* replace the outdated notion of burnout in describing this phenomenon. Although not clearly and uniformly described in the literature, this occurrence is seen regularly in clinical practice and is conceptually known by nurses. Limited information is available about interventions to manage compassion fatigue; therefore, a national survey was conducted to identify resources available to oncology nurses to counter this phenomenon. Participants provided information about the availability of interventions in three major categories: on-site professional resources, educational programs, and specialized retreats. The availability of resources ranged from 0%–60%. Survey findings, along with narrative comments by respondents, provide relevant information for oncology nurses and their employers. By recognizing the perils of inattention to this frequent nursing phenomenon and the scope of existing workplace options that may augment nurse coping, oncology nurses' recognition and management of this entity may be enhanced. Organizations also may be encouraged to periodically inventory their support and lobby for workplace interventions to manage this critical work-related issue.

Oncology nurses play a vital role in the physical, emotional, and spiritual care of patients with serious, life-threatening illnesses. Although many nurses perceive their work as a calling, few enter oncology nursing prepared for the emotional sequelae that emanate from their close relationships with patients and their families. Numerous clinical scenarios can elicit intense emotional distress in oncology nurses.

One significant challenge is reacting to the death of patients with whom the nurse has long-standing professional friendships (McCaffrey, 1992). These patients are identified as special and, therefore, have generated more than the usual interpersonal connection. Then, when the patient dies, the deep rapport established between the nurse, patient, and family members may transform into overwhelming grief. Moral distress evolves when workplace barriers prevent nurses from carrying out what they believe to be ethically appropriate courses of action (Elpern, Covert, & Kleinpell, 2005). Nurses who experience ethical or moral distress (particularly over time) acknowledge the presence of frustration, tension, and dissatisfaction with the profession, often generated from nurse and physician conflict over patients' goals and expressed wishes (Gutierrez, 2005; Taylor, 2002). Traumatic emergencies, such as acute carotid erosion or disseminated intravascular coagulation, can prompt feelings of professional futility,

At a Glance

- ◆ The nature of work-related stress for oncology nurses may lead to compassion fatigue.
- ◆ Oncology nurses provided relevant information about the availability of interventions to manage compassion fatigue.
- ◆ Oncology nurses and their employers have a responsibility to recognize the existence of compassion fatigue and implement management interventions.

particularly when patient death follows the emergent event. Situations in which family chaos is apparent may overextend nurses' skill in therapeutic communication. Attempts by

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Digital Object Identifier:10.1188/09.CJON.183-191