



We Grieve Too: One Inpatient Oncology Unit's Interventions for Recognizing and Combating Compassion Fatigue

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Oncology nurses frequently care for patients who are dying or near death, leading to emotional distress, compassion fatigue, and staff turnover. Providing appropriate social and professional support to nursing staff is imperative to maintaining satisfaction and decreasing turnover. Inpatient and outpatient oncology staff should identify the signs of compassion fatigue and know how to perform self-care to combat it. The experiences of nursing staff and patients with cancer and their families can be improved if nurses feel satisfaction with, and confidence in, performing end-of-life care. The current article discusses the success of helping the staff in the fight against compassion fatigue by implementing bereavement interventions in a community hospital's oncology unit. The program can be applied to many oncology settings and practices to help keep valuable oncology nurses in their careers.

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Caring for patients with cancer can be complex when faced with high acutities, high volumes, and decreased staffing levels (Medland, Howard-Ruben, & Whitaker, 2004). Oncology nurses interact in intense, caring relationships with those patients and families, which may eventually lead to an emotional burden (Wenzel, Shaha, Klimmek, & Krumm, 2011). One recurring element of that intense relationship can be caring for patients who die (Wenzel et al., 2011). Providing care to patients with cancer increases the risk of stress and psychological disorders, including compassion fatigue (CF) (Dorz, Novara, Sica, & Sanavio, 2003). CF is a traumatizing emotional state experienced by nurses and other caregivers who are preoccupied with the suffering and distress of those they are caring for (Figley, 2002); for many, CF is difficult to recognize and combat.

Lancaster General Hospital is a 540-bed Magnet®-designated community hospital in Pennsylvania, with a 26-bed inpatient medical-surgical oncology unit. The inpatient unit's nurses administer a wide range of care to patients from diagnosis and treatment to the end of life. By caring for patients with cancer, the staff consistently is exposed to patients at the end of life, some to whom the nursing staff felt particularly close. The unit's turnover rate was evaluated to determine the effect of CF on the nursing staff. In fiscal year 2009, the unit's staff turnover rate was 5.5%; however, in fiscal year 2010, the RN-only turnover rate had increased to 12.1%. The nursing staff was leaving the unit and verbalizing emotional struggles with providing quiet time, space, and a sense of meaning to benefit patients and families at end of life. When nurses lose meaning and an ability to provide high-quality end-of-life

care, it contributes to compassion fatigue (Wenzel et al., 2011). For that reason, the unit believed its nurses were battling CF, even if they could not put a name to it.

Causes of Compassion Fatigue

Oncology nurses often are recognized for the quality of compassionate care they provide. Compassion is the regard and respect for fellow humans, including the bearing of another's suffering and a desire to relieve it (Figley, 2002). Compassionate caring has certain emotional consequences that result from helping or wanting to help a suffering person. Sustained compassionate nursing practice can lead to CF and emotional exhaustion (Aycock & Boyle, 2009).

Dorz et al. (2003) found greater emotional exhaustion in oncology healthcare professionals than in healthcare professionals caring for patients with HIV or AIDS. Negative consequences of emotional exhaustion can include burden, depression, anxiety, fear, apathy, desire to quit, and helplessness (Coetzee & Klopper, 2010). An overall decline in nurses' immune systems and quality of life can result from CF (Figley, 2002). A variety of physical symptoms related to CF are experienced by nurses as well, including forgetfulness, headaches, stomachaches, high blood pressure, weight gain, anger, stiff neck, fatigue, and disrupted sleep (Aycock & Boyle, 2009). Coetzee and Klopper (2010) described symptoms that start as weariness, but progress to a loss of physical strength and endurance once CF has developed fully, leading nurses suffering from CF to become more accident-prone.