

Perceived Quality of Work Life and Risk for Compassion Fatigue Among Oncology Nurses: A Mixed-Methods Study

Ellen Giarelli, EdD, RN, CRNP, Jami Denigris, BSN, OCN[®], Kathleen Fisher, PhD, MaryKay Maley, DNP, APN, and Elizabeth Nolan

Giarelli is an associate professor in the College of Nursing and Health Professions at Drexel University in Philadelphia, PA; Denigris is a clinical nurse manager at Hahnemann University Hospital in Philadelphia; and Fisher is a professor and Maley is an assistant professor, both in the College of Nursing and Health Professions, and Nolan is a student and research assistant in the Pennoni Honors College, all at Drexel University.

No financial relationships to disclose.

Giarelli and Denigris contributed to the conceptualization and design. Giarelli, Denigris, Fisher, and Maley completed the data collection. Maley and Nolan provided the statistical support. Giarelli and Fisher contributed to the analysis. Giarelli, Denigris, Fisher, Maley, and Nolan contributed to the manuscript preparation.

Giarelli can be reached at eg446@drexel.edu, with copy to editor at ONFEditor@ons.org.

Submitted September 2015. Accepted for publication December 12, 2015.

Key words: work-related stress; compassion fatigue; nursing; oncology; mixed methods

ONF, 43(3), E121–E131.

doi: 10.1188/16.ONF.E121-E131

Purpose/Objectives: To examine factors that influenced the nurse's perceived quality of work life and risk for compassion fatigue (CF). The specific aims of the study were to describe the (a) relationship among nurse characteristics and perceived quality of work life, (b) relationship between personal life stress and perceived quality of work life, and (c) the nurse's beliefs about his or her risk for CF.

Research Approach: A descriptive, mixed-methods study.

Setting: A hematology-oncology unit in a large urban teaching hospital in Pennsylvania.

Participants: 20 oncology nurses.

Methodologic Approach: Descriptive study using questionnaires and in-depth interviews. The variables were nurse characteristics, personal life stress, and quality of work life. Data were analyzed descriptively and thematically. Scores on the self-report questionnaires were compared to themes.

Findings: Personal life stressors, measured by combining the Impact of Events Scale and Life Events Scale, identified powerful or severe impacts on well-being for 30% of nurse respondents in this study, theoretically placing them at risk for CF. However, qualitative data did not complement the results of the Life Events Scale, and 55% of the nurses described their overall work experiences as "life-affirming and rewarding." The participants provided multiple sources of their work-related stress, including subcategories of communication breakdown, work environment/institution, and care-driven factors.

Conclusions: Overall, oncology nurses experienced positive reinforcement at work and they had little concern about individual or organizational effectiveness. Positive experiences offset the negative and balanced out the risk for CF.

Interpretation: The identification of personal and social contributors, as well as solutions to work-related stress, supports the philosophical premises (i.e., conceptual model) that the circumstances that place a nurse at risk for CF are socially constructed. Nurses can achieve greater empathy through self-understanding and translate this learning to patient care.

Work-related stress (WRS) has many sources and it can cause burn-out or place a nurse at risk for compassion fatigue (CF) (Sabo, 2006). As contextual factors change, oncology nurses must continually monitor their workplace experiences for sources that increase their vulnerability to WRS. The purpose of this descriptive, mixed-methods study was to examine factors that influence a nurse's perceived quality of work life and risk for CF. For this study, CF was broadly defined as fatigue, emotional distress, or apathy resulting from the constant demands of caring for others. The authors explored nurses' reports of positive and negative experiences for factors that might be modifiable and could be translated into a responsive prevention program to improve the nurse's satisfaction with his or her work in cancer care and ability to manage WRS. The expectation is that