

Psychosocial Well-Being

An exploratory cross-sectional evaluation of loneliness, anxiety, depression, self-compassion, and professional quality of life in oncology nurses

Carolyn S. Phillips, PhD, RN, ACNP-BC, AOCNP®, Heather Becker, PhD, and Emily Gonzalez, BSN



BACKGROUND: In addition to heavy workloads, oncology nurses are confronted with emotionally demanding caregiving moments with little training or institutional support for coping and emotional well-being.

OBJECTIVES: The aim of this study was to explore the associations and potential predictors among self-compassion, loneliness, anxiety, depression, and professional quality of life in oncology nurses.

METHODS: Participants were recruited throughout central Texas. Descriptive statistics, bivariate correlations, and multivariate regression analyses were conducted on survey data.

FINDINGS: Burnout and compassion satisfaction were strongly related to loneliness, self-compassion, and depression. Compassion fatigue was most highly related to anxiety and depression. Loneliness made the strongest unique contribution to burnout and compassion satisfaction, and depression was the only statistically significant predictor of compassion fatigue.

KEYWORDS

burnout; compassion fatigue; loneliness; self-compassion; psychosocial well-being

DIGITAL OBJECT IDENTIFIER

10.1188/21.CJON.530-538

D**DURING THE PAST DECADE, RESEARCH HAS HIGHLIGHTED** the increased rates of burnout and compassion fatigue in healthcare workers and the negative health consequences for healthcare workers and patients (Dyrbye et al., 2017; Gómez-Urquiza et al., 2016; Salyers et al., 2016; Shanafelt et al., 2015; Wu et al., 2016). Compared to the general population, nurses have higher levels of depression and stress, get less sleep, and are more likely to be overweight (Eanes, 2015; Letvak et al., 2012; Melnyk et al., 2013; Thacker et al., 2016). Compassion fatigue, also referred to as secondary traumatic stress, affects nurses because of the emotional and relational connection that can occur during patient care (Lombardo & Eyre, 2011). If left unmanaged, these work-related conditions can lead to depression, which affects all areas of life (Letvak et al., 2012). Letvak et al. (2012) found nearly twice the rate of depression among nurses compared to other professions.

Oncology nurses particularly experience work-related psychosocial stress and have reduced levels of perceived personal accomplishment and high rates of emotional exhaustion (Edmonds et al., 2012). However, heavy workloads and workplace stress are not the only contributors to burnout and compassion fatigue. Studies suggest that oncology nurses cope with work-related emotions in isolation (Gerow et al., 2010; Phillips & Volker, 2020), which can lead to loneliness. Loneliness affects psychological and physical health and longevity, and, in the context of the workplace, emotional loneliness also contributes to burnout (Rogers et al., 2016; Seppälä & King, 2017). A meta-synthesis of oncology nurses' lived experience found that loneliness was the predominant theme of oncology nurses' experience of work-related issues (Diaw et al., 2020). Of 63 qualitative studies from 23 countries, Diaw et al. (2020) found that oncology nurses simultaneously described feeling lonely (emotional isolation) and being alone (social isolation). The relationship between loneliness and burnout has been studied in physicians, but little research has focused on nurses (Diaw et al., 2020).

Although empathetic care for others is a preeminent value in nursing, empathetic professionals are more at risk for burnout and compassion fatigue if they do not use protective factors to find balance (Duarte et al., 2016). Self-compassion, defined as self-kindness, common humanity, and mindfulness,