

# Interventions to Manage Compassion Fatigue in Oncology Nursing

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*Is it effective to implement resiliency intervention programmes within oncology departments to manage compassion fatigue, and if so, how successful are they reducing the negative implications of the condition on nurses well – being and patient outcomes?*

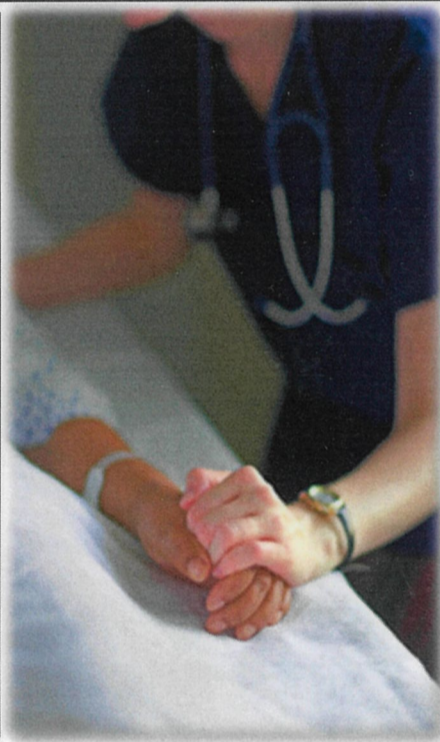
## Clinical Issue

Compassion fatigue is a construct that has been addressed with increasing frequency in the health care literature. It is defined as “a debilitating weariness brought about by repetitive empathetic responses to pain and suffering from others” (LaRowe, 2005, p.21). Nurses working in oncology departments are at particular risk because they are positioned at the epicenter of an environment that is characterized by a great level of loss and cumulative grief (Aycock & Boyle, 2010). Research has revealed that New Zealand nurses as a whole lack the opportunity for education on managing the stressors for caring for cancer patients (Gillespie, 2010).

## Long-term Effects of Compassion Fatigue on Nurses

- Anxiety
- Helplessness
- Fear
- Diminished quality of life
- Headaches
- Fatigue
- Patient dissatisfaction with care

(Houck, 2014)



## Recommendations

The evidence supports the development and implementation of systemic preventative treatment efforts to help oncology nurses to manage compassion fatigue (Aycock & Boyle, 2010).

Strategies that were highly successful and produced positive outcomes throughout the research include;

- Constructive support groups
- Resiliency programmes that focus on active coping skills and physical development
- Event triggered counseling sessions
- Mindfulness – based stress reduction exercises
- Have a quiet place to reflect on the unit

(Potter, Berger, Clarke, Olsen & Chen,

## Positive Implications on Nursing Practice

- Lower staff turnover
- Empowering nurses to recognise traumatic experiences
- Enabling nurses to self – regulate their stress
- Decreasing the number of mistakes
- Enabling nurses to build stronger therapeutic relationships with their patients
- Improving patient satisfaction
- Allowing nurses to feel supported in their work environment
- Strengthened professional relationships
- Decreased absenteeism
- Empowering nurses to recognise traumatic experience

(Potter, Berger, Clarke, Olsen & Chen, 2013).

## Reference List

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PICOT category	Information relating to question	Explanation
Population	Registered nurses who practice throughout oncology settings and patients	Oncology nurses witness suffering as patients endure treatments that often have undesired effects or are ineffective in controlling or curing the cancer. This can lead to symptoms of stress, which can detrimentally affect the nurse and their patients. This can progress to the ultimate result of unattended grief leading to compassion fatigue.
Intervention/ Exposure	In service support and management interventions to address compassion fatigue	I will be looking for articles that provide a descriptive analysis on resiliency programmes designed to educate oncology nurses about compassion fatigue.
Comparison / Control	Institutions who do not offer support for their oncology nurses	I am interested to know whether the resiliency programmes were successful and compare the changes in nurse's mental health and well – being to those nurses who do not receive any support. I am also interested to know how these outcomes affect patient outcomes and the experiences of care provided by nurses.
Outcome	Those department who do offer educational resiliency resources protect and support their nurses mental health and well – being. Consequently, this improves overall patient outcomes.	Since I know that a lot of oncology departments do not offer educational information regarding compassion fatigue, I want to know whether the research suggests that implementing resiliency programmes will be beneficial for both nurses and patients.
Time	N/A	Interventions will be an ongoing service provided

### **Rationale**

I chose to present my information on a poster as the means for distributing my evidenced- based literature review because they provide a logical and cost - effective way of communicating to a target population (Halligan, 2008). A big advantage with posters is that they can be can be strategically displayed anywhere to target a particular market sector such as hospital wards, staff rooms and noticeboards (Schneider et al., 2007). This was important to me because my topic relates specifically to oncology nurses, therefore it is important that the information is located in a place where they can refer to when needed.

A poster presentation is a very useful means of disseminating research findings (Schneider et al., 2007). Studies have indicated that health information framed in a poster presentation is an effective method of knowledge transfer (Ilic & Rowe, 2013). They provide the opportunity to broadcast the knowledge to a wider population and allow the important messages to be shared as quickly as possible (Halligan, 2008). My goal was to help raise awareness around compassion fatigue to all health professionals, change attitudes towards the condition and provide recommendations to help oncology nurses who are experiencing compassion fatigue to cope. I believe that a poster was the most effective method because it provides a creative, eye catching and detailed means of communicating my research findings.

### **References**

Halligan, 2008. Poster presentations: Valuing all forms of evidence. *Nurse Education in Practice*. 8 (1). 41 – 45.

Ilic, D., Rowe, N. (2013). What is the evidence that poster presentations are effective in promoting knowledge transfer? A state of the art review. *Health Information and Libraries Journal*. 30 (1). 4 – 12.

Schneider, Z., Whitehead, D. *Nursing and Midwifery Research Methods and Appraisal for Evidence Based Practice*. (4<sup>th</sup> edition). Australia: Elsevier.