

Evaluation of a Compassion Fatigue Resiliency Program for Oncology Nurses

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Compassion fatigue is a concept that has been addressed with increasing frequency in the healthcare literature. First formally defined in 1995 by Charles Figley, PhD, compassion fatigue is the combination of secondary traumatic stress and burnout experienced by helping professionals and other care providers (Figley, 1995; Stamm, 1995). Burnout or cumulative stress is the state of physical, emotional, and mental exhaustion caused by a depletion of a person's ability to cope with one's environment (Maslach, 1982). In healthcare professionals, burnout is associated with increased turnover, employee absenteeism, poor coworker support, depersonalization, decreased performance, decreased patient satisfaction, and difficulty in recruiting and retaining staff (Garman, Corrigan, & Morris, 2002; Sundin, Hochwalder, & Lisspers, 2011; Vahey, Aiken, Sloane, Clarke, & Vargas, 2004).

Secondary traumatic stress has been defined as "the stress resulting from helping or wanting to help a traumatized or suffering person" (Figley, 1999, p. 10). Secondary traumatic stress is the trauma healthcare professionals experience as they provide care for others, and it correlates highly with burnout (Jones, 2004; Vahey et al., 2004; Yoder, 2010). The presence of secondary traumatic stress has been reported in forensic nurses and nurses who work in emergency departments, oncology, pediatrics, and hospice (Beck, 2011).

The prevalence of compassion fatigue among RNs has been documented as ranging from 16%–39%, with burnout ranging from 8%–38% (Hooper, Craig, Janvrin, Wetsel, & Reimels, 2010; Potter et al., 2010; Robins, Meltzer, & Zelikovsky, 2009; Yoder, 2010). A clear need exists for hospitals to implement effective programs to prepare healthcare staff to better recognize, prevent, and manage compassion fatigue. This article describes a pilot project that evaluated the efficacy of a resiliency program in reducing compassion fatigue among oncology nurses.

Purpose/Objectives: To evaluate a resiliency program designed to educate oncology nurses about compassion fatigue.

Design: Descriptive pilot study.

Setting: A National Cancer Institute–designated comprehensive cancer center in the midwestern United States.

Sample: 13 oncology nurses employed in an outpatient infusion center.

Methods: Nurses attended a five-week program involving five 90-minute sessions on compassion fatigue resiliency. A pre- and post-test design, using repeated measures, was conducted over six months.

Main Research Variables: Scores on the Professional Quality of Life (ProQOL) IV, Maslach Burnout Inventory–Human Services Survey, Impact of Event Scale–Revised (IES-R), and the Nursing Job Satisfaction Scale.

Findings: Long-term benefits were realized from the program. Secondary traumatization scores on the ProQOL IV declined immediately after the program, remained down at three months, and then dropped again at six months, with a statistically significant mean difference compared with baseline. The average IES-R total scores improved significantly overall and for each of the three postintervention time points. Participants evaluated the program positively with respect to their ability to apply and benefit from resiliency techniques.

Conclusions: This is the first reported study to show benefits gained from a compassion fatigue intervention program. Participants received useful strategies for managing stress at work and home.

Implications for Nursing: Compassion fatigue is a prevalent condition among healthcare providers. Development of resiliency to compassion fatigue may improve decision making, clarity of communication, and patient and nurse satisfaction.

Knowledge Translation: Self-regulation offers an approach to reduce stress during a perceived threat. Working by intention reduces reactivity in the workplace and makes communication more intentional and, therefore, effective.

Background

The ongoing stress of burnout is associated with nurse job dissatisfaction. Causative factors for burnout