

Compassion Fatigue

Exploring early-career oncology nurses' experiences

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BACKGROUND: Oncology nurses have a higher risk and rate of compassion fatigue (CF) compared to professionals in other specialties. CF exhibits tangible negative outcomes, affecting nurses' health and professional practice.

OBJECTIVES: Early-career oncology nurses' unique CF experiences lack thorough scientific exploration. This secondary analysis seeks to qualitatively augment this paucity and illuminate targeted interventions.

METHODS: Open-ended interviews were conducted with five early-career inpatient oncology nurses. Subsequent transcripts were explored for CF themes secondarily using thematic analysis.

FINDINGS: Themes indicate that early-career oncology nurses enjoy connecting with patients and families, but over-relating, long patient stays, and high patient mortality rates trigger CF. Symptoms include internalizing patients' and families' pains and fears, being haunted by specific patient deaths, feeling emotionally depleted, assuming that all patients will die, and experiencing burnout, physical exhaustion, and hypervigilance protecting loved ones.

KEYWORDS

compassion fatigue; burnout; secondary traumatic stress; emotional saturation

DIGITAL OBJECT IDENTIFIER

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RECOGNIZING THE EFFECTS OF THE DARK, DEPLETING SIDE of oncology nursing may provide insight as to why compassion fatigue (CF) risks and rates are comparatively higher in this specialty. Emanuel, Ferris, von Gunten, and Von Roenn (2011) found CF symptoms in 37% of oncology nurses, and Potter et al. (2010) found that 44% of inpatient oncology nurses experience burnout, one component of CF. In addition, oncology nursing has a 31% turnover rate versus an average of 13% in all other specialty areas (Achenbach, 2010). Contradictory to need, oncology nurses also have a substantial lack of resources for emotional intervention and mental health support in the workplace, as 47% of oncology nurses did not have any coping skills training and 17% of oncology nurses had no on-site resources for mental health support (Aycock & Boyle, 2009). With the substantial increases of novice and oncology nurses leaving the profession; estimated cancer-related patient deaths; and resulting need for recruiting, retaining, and supporting oncology nurses, these figures warrant urgent attention (Achenbach, 2010; Flinkman, Isopahkala-Bouret, & Salanterä, 2013; Toh, Ang, & Devi, 2012; World Health Organization, 2017). Oncology nurses, particularly novice and younger nurses who demographically have higher CF risk, must have their vulnerabilities and experiences with CF recognized and understood to guide the creation of tailored interventions to aid in workforce retention and satisfaction (Davis, Lind, & Sorensen, 2013).

The theoretical framework for the current study is based on Stamm's (2010) CF model. Stamm (2010) describes CF as an interacting trilogy comprised of burnout, secondary traumatic stress disorder (STSD), and low compassion satisfaction. Burnout is work-related environmental stress characterized by personal professional expectations not being fulfilled because of a lack of workplace support and resources (Boyle, 2011; Stamm, 2010). In STSD, interpersonal boundaries fail and counter-transference of patients' traumatic experiences occurs as nurses witness, assist in, and emotionally engage in the tragedies of their patients (Stamm, 2010). When a nurse has STSD, signs of traumatic stress, such as avoidance behaviors, persistent anxiety, hyperarousal, sleep disturbance, and intrusive thoughts related to patient care, are exhibited, similar to those in post-traumatic stress disorder (Coetzee & Klopper, 2010). The last facet of CF is when nurses have low compassion satisfaction and do not experience rewarding feelings when caring for others