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.