Integrative Review of Facility Interventions to Manage Compassion Fatigue in Oncology Nurses

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Problem Identification: Oncology nurses are regularly exposed to high-stress situations that may lead to compassion fatigue, and many institutions have implemented interventions to reduce burnout in nurses, but knowledge on the feasibility, effectiveness, and nurses’ experience of interventions is lacking.

Literature Search: Electronic search of literature published from 1992–2015 was performed to evaluate in-facility interventions to manage compassion fatigue in oncology nurses. Databases used included CINAHL®, PubMed, Web of Science, Google Scholar, and PsycINFO®.

Data Evaluation: The goal was to evaluate the effectiveness, feasibility, and nurses’ experience of interventions to manage compassion fatigue. The study designs, methods, and limitations were independently screened by the authors.

Synthesis: Of 164 studies, 31 met eligibility criteria.

Conclusions: The majority of the studies were conducted in Western countries, which suggests the need for additional research in other settings to determine effective interventions that address compassion fatigue and stress cross-culturally. Quantitative and qualitative studies failed to gain high scores in terms of quality. Limited conclusions can be drawn from small studies that report on outcomes with many confounding variables, such as turnover rate or general health of nurses, from a single institution.

Implications for Research: Lack of empirical precision in evaluating the effectiveness, feasibility, and nurses’ experiences of interventions indicates a need for future, more rigorously designed experimental studies. Because of the global increase in the number of patients being diagnosed and living with cancer, oncology nurses should be able to recognize and manage compassion fatigue.

Although oncology nursing can be a worthwhile and gratifying career, the highly stressful incidents oncology nurses experience in caring for patients may affect their psychological well-being (Quinlan, Harford, & Rutledge, 2009; Zander, Hutton, & King, 2010). Oncology nurses are likely to experience compassion fatigue by repeated exposure to patients who are undergoing numerous and repeated traumas associated with oncology, such as the aggressive side effects of chemotherapy and severe pain experienced in the end stages of cancer (Kash et al., 2000; Potter et al., 2010). This is further compounded by nurses’ lack of technical and theoretical tools to assess patients’ physical and emotional responses, making them feel powerless and potentially leading to compassion fatigue (Lupo et al., 2012). Compassion and empathy often attract nurses to oncology, but empathy for patients with cancer may also result in harmful emotional and physical aftereffects in nurses (McSteen, 2010). The psychological trauma experienced by healthcare workers is currently a subject of interest. The definitions of burnout, secondary stress syndrome, secondary stress in traumatology, secondary victimization, secondary traumatic stress, secondary survivor, compassion fatigue, and vicarious

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