

# Compassion Fatigue, Burnout, and Compassion Satisfaction Among Oncology Nurses in the United States and Canada

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Wu and Singh-Carlson contributed to the conceptualization and design. Wu completed the data collection. Reynolds provided the statistical support. Su provided the analysis. Wu, Singh-Carlson, Odell, and Reynolds contributed to the manuscript preparation.

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**Purpose/Objectives:** To examine the experiences of compassion fatigue, burnout, and compassion satisfaction among oncology nurses in the United States and Canada.

**Design:** Quantitative, descriptive, nonexperimental.

**Setting:** Online survey with members from the Canadian Association of Nursing Oncology and the Oncology Nursing Society.

**Sample:** 486 American and 63 Canadian practicing oncology nurses.

**Methods:** The Professional Quality of Life (ProQOL) scale, version 5, and modified Abendroth Demographic Questionnaire were administered through FluidSurveys™, an online data collection instrument. Chi-square tests of independence were used to investigate associations between demographic characteristics, health, personal stressors, and work-related characteristics to experiences of compassion fatigue, burnout, and compassion satisfaction. Compassion fatigue was measured using the subscales of secondary traumatic stress and burnout.

**Main Research Variables:** Compassion fatigue, burnout, and compassion satisfaction.

**Findings:** Demographic characteristics were similar in American and Canadian participants, and both cohorts reported comparable levels of compassion fatigue, burnout, and compassion satisfaction. Perception of team cohesiveness within the workplace environment was found to be significant for both groups, as indicated by significant relationships in all three subscales of secondary traumatic stress, burnout, and compassion satisfaction in the ProQOL.

**Conclusions:** Healthy and supportive work environments are imperative to nurses' health, well-being, and satisfaction. Improvements in the workplace can help prevent negative sequelae, as well as improve health outcomes for patients and nurses, decrease nurse turnover, and reduce healthcare expenditures.

**Implications for Nursing:** Findings can be used to implement institutional changes, such as creating policies and guidelines for the development of preventive interventions and psychosocial support for nurses.

Nursing care involves an innate recognition and responsibility to alleviate pain and suffering, which implies that kindness, compassion, and competency (Straughair, 2012) are integral parts of the process. Generally, those who enter the nursing profession are motivated by the desire to provide quality compassionate care (Baughan & Smith, 2008) regardless of the specialty area; however, oncology nursing has special challenges because of the nature of cancer.

Evidence indicates that oncology nurses are particularly vulnerable to occupational stress (Aycock & Boyle, 2009) because of the conditions under which they provide care. Research has demonstrated that two of the most commonly reported work-related consequences for nurses are compassion