

Reducing Compassion Fatigue in Inpatient Pediatric Oncology Nurses

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OBJECTIVES: To develop an evidence-based compassion fatigue program and evaluate its impact on nurse-reported burnout, secondary traumatic stress, and compassion satisfaction, as well as correlated factors of resilience and coping behaviors.

SAMPLE & SETTING: The quality improvement pilot program was conducted with 59 nurses on a 20-bed subspecialty pediatric oncology unit at the St. Jude Children's Research Hospital in Memphis, Tennessee.

METHODS & VARIABLES: Validated measures of compassion fatigue and satisfaction (Professional Quality of Life Scale V [ProQOLV]), coping (Brief COPE), and resilience (Connor-Davidson Resilience Scale-2) were evaluated preprogram and at two, four, and six months postprogram, with resilience and coping style measured at baseline and at six months postprogram.

RESULTS: Secondary traumatic stress scores significantly improved from baseline to four months. Select coping characteristics were significantly correlated with ProQOLV subscale scores.

IMPLICATIONS FOR NURSING: Ongoing organizational support and intervention can reduce compassion fatigue and foster compassion satisfaction among pediatric oncology nurses.

KEYWORDS compassion fatigue; compassion satisfaction; burnout; secondary traumatic stress

ONF, 46(3), 338-347.

DOI 10.1188/19.ONF.338-347

Pediatric oncology nurses are at an increased risk for developing compassion fatigue related to lengthy relationships with patients and families, ethical dilemmas in clinical care, and active participation in grief and bereavement (Zander, Hutton, & King, 2010). Compassion fatigue has been described as an acute loss of emotional and physical energy toward the self and work, with a hindered ability to provide compassionate care for patients experiencing suffering (Figley, 2002). Symptoms of compassion fatigue may include decreased job satisfaction, fatigue, negativism, outbursts, lessened compassion toward coworkers, inability to separate work and home, intrusive thoughts related to patient suffering, dependent nurse-patient relationships, and feelings of hopelessness and depression (Aycock & Boyle, 2009; Panos, 2007; Pfifferling & Giley, 2000). Compassion fatigue may lead to higher use of sick days and increased nursing turnover (Pfifferling & Giley, 2000; Potter et al., 2010).

Individual factors, such as having fewer than five years in the nursing profession, blurred professional boundaries, ineffective coping styles, and traumatic personal life events, further exacerbate the nurse's reaction to the stressors of the work environment (Yoder, 2010). Environmental factors (e.g., heavy workload, high patient acuity, end-of-life patient care, rapidly changing technology, lack of administrative support) also escalate the risk for compassion fatigue and burnout (Hinds et al., 1994; Hooper, Craig, Janvrin, Wetsel, & Reimels, 2010; Rourke, 2007).

Recommended interventions to prevent and treat compassion fatigue involve individual, professional, and organizational support (Rourke, 2007). Individual interventions for self-care may include healthy eating,