Combating Compassion Fatigue in Oncology Nursing

Objectives
- Describe the concept of compassion fatigue and its prevalence among oncology nurses.
- Review the risk factors, symptoms, and impact of compassion fatigue.
- Explore available assessment tools/methods of determining the existence and measurement of compassion fatigue.
- List interventions or resources available to prevent or manage compassion fatigue.

Compassion Fatigue Phenomenon
- “Loss of the ability to nurture” (Joinson, 1992)
- Severe malaise as a result of caring for patients who are suffering (Sabo, 2006)
- Evolves over time from compassion discomfort, to compassion stress, and finally to compassion fatigue (Boyle, 2011; Bush, 2009)
- “Sometimes we feel we are losing our own sense of self to the clients we serve” (Figley, 1995)
Nature of Oncology Nursing Work

- Working with patients with serious, progressive illness
- Daily experience of witnessing suffering
  - Repeated exposure to loss
  - High patient acuity and case load
- Opportunity for establishing relationships over time
  - Patient/family under severe stress
- Ethical or moral distress
  - Often involved in patient’s life-changing decisions
- Potential traumatic emergencies
  - Feeling of helplessness
- Family chaos
  - Families may project frustration onto staff

(Aycock & Boyle, 2009)

Core Assumptions / Misconceptions

- I can ‘fix’ the issue
- I should take responsibility for the outcome
- If I care enough, everything will be fine
- They will be grateful for everything I do
- I will have enough resources to do my work

- Family/friends will support and approve the time I invest in this helping work
- I know what I’m getting into
- I do not need help

(Portnoy, n.d.)

Demands of Our Work

- Patients
- Families
- Physicians
- Peers
- Technology
- Hospital Expectations
- Regulations
- Healthcare Economic Challenges

The list goes on…
Compassion Satisfaction – Compassion Fatigue Model

Compassion Satisfaction
- The positive aspects of helping
  - Pleasure and satisfaction derived from work
- May be related to
  - Providing care
  - Healthcare system
  - Work with colleagues
  - Beliefs about self
  - Altruism
    - Unselfish concern for the welfare with others
    - The belief that acting for the benefits of others is right and good

Compassion Fatigue
- The negative aspects of helping
- Deep physical, emotional, and spiritual consumption accompanied by significant emotional pain
  - Severe malaise as a result of caring for patients who are suffering
- Characterized by:
  - Deep emotional and physical exhaustion
  - Symptoms resembling depression and PTSD
  - Shift in sense of hope, optimism about the future and the value of their work
- Unmanaged compassion fatigue (CF) can lead to other issues

[For more information: www.proqol.org]
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Risk Factors

- Age
  - Under the age of 40
  (Maslach et al., 2001; McSteen, 2010; Potter et al., 2010)

- Marital Status
  - Unmarried or single
  (Maslach et al., 2001)

- Work experience
  - Years of experience
  - Less than 10 years
  - Level of educational background
    - Baccalaureate-prepared RNs
    (Buerhause et al., 2001; Maslach et al., 2001; McSteen, 2010; Potter et al., 2010)

- High job expectations
  (Bush, 2009; McSteen, 2010; Najjar et al., 2009; Potter et al., 2010)

Risk Factors

- Prior personal trauma with no resolution
  (McSteen, 2010)

- Work setting factors
  - Inpatient workplace setting
  - Overwhelming caseload and long hours
  - Long term exposure to those who are suffering
   (McSteen, 2010; Sabo, 2011)

Risk Factors

- Prior professional burnout experience
- Personality characteristics
  - Inadequate coping skills
  - Inadequate tolerance of failure
- Communication skills
  - Less competence in this area
- Support systems
  - Poor peer and personal support
  - Limited organizational support
  (McSteen, 2010; Yoder, 2010)
Symptoms of Compassion Fatigue

- Physical
- Behavioral
- Emotional-Psychological
- Spiritual

(Radziewicz, 2001)

Physical Symptoms

- Exhaustion
- Gastrointestinal Disturbances
- Headaches
- Sleep Disturbances
- Muscle Aches
- Cardiac Issues
- Frequent Illness

(Aycock & Boyle, 2009; Boyle, 2013; Figley, 1995; Gentry, Baggerly & Baranowsky, 2004; Mathieu, 2007; Radziewicz, 2001; Ruff-King)

Behavioral Symptoms

- Abuse of food, nicotine, alcohol and/or illicit drugs
- Excessive concern about patients on days off
- Dread of going to work
- Lack of joyfulness at work and/or home
- Inappropriate response to situation in comparison to its severity
- Isolation
- Issues with boundaries
- Overextension issues

(Aycock & Boyle, 2009; Boyle, 2013; Figley, 1995; Gentry, Baggerly & Baranowsky, 2004; Mathieu, 2007; Radziewicz, 2001; Ruff-King)
Emotional-Psychosocial Symptoms

- Can occur as part or separate from diagnosis of anxiety or depression
  - Nervousness
  - Sense of helplessness and confusion
  - Sadness
  - Poor judgment
  - Apathy
  - Exhaustion
  - Oversensitive/mood swings
  - Frustration
  - Boredom
  - Poor concentration
  - Anger/Irritability
  - Decreased self esteem

(Spock & Boyle, 2009; Boyle, 2013; Figley, 1995; Sanya, Stogdill & Beranek, 2004; Mathieu, 2007; Radziewicz, 2001; Ruff-King, n.d.)

Spiritual Symptoms

- Lack of inner reflection & spirituality compounds CF
- Spiritual disconnection
- Spiritual struggle
  - Questioning meaning in work
  - Becoming angry at God
  - Concluding that a change is necessary

(Radziewicz, 2001)

Impact of Compassion Fatigue

- Our health
  (Aycock & Boyle, 2009; Figley, 2002)
- Our personal lives and relationship with others
  (Boyle, 2013)
- Our work and/or organization
  (Medland et al., 2004; Yoder, 2010)
- Eventually...our patients
  (Coetzee & Klopper, 2010; Plotner & Gilley, 2000; Schuster, 2013; Valery et al., 2004)
Caution
Un-rescued Compassion Fatigue can lead to INTENSIVE suffering!

Identification and Measurement of Compassion Fatigue

Compassion Fatigue Assessment
- ProQOL self-test ([www.proqol.org](http://www.proqol.org))
- Stress Diary
- Life Stress Test
- Self-Care Assessment
The Professional Quality of Life Scale (ProQOL)

- A free tool with permission of use already in place
- Consists of 30 self-reported items which measure positive and negative aspects of caring
- Both Compassion Satisfaction and Compassion Fatigue are measured
- Well established
- Easy to Use
- Easy to Score

(For more information: www.proqol.org
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ProQOL Screening Tool

- Helps understand the positive and negative aspects of helping
- Not a “psychological test”
- Not a “medical test”
- Can be viewed as a screening for stress-related health problems
- Can be used to track an individual’s CS and CF

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Stress Diary

- Self-monitoring helps change behavior
- Keeping a stress diary for 1-2 weeks can help you identify the types of situations that are stressful for you and your responses to them
- You might discover patterns of behavior that you want to change

www.mindtools.com
### Sample Stress Diary

<table>
<thead>
<tr>
<th>Time</th>
<th>Stressful Event</th>
<th>Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:30 am</td>
<td>Overslept, late to work</td>
<td>Frustration</td>
</tr>
<tr>
<td>9:30 am</td>
<td>Unexpected meeting</td>
<td>Mild headache</td>
</tr>
<tr>
<td>11:00 am</td>
<td>Challenging patient</td>
<td>Neck tension</td>
</tr>
<tr>
<td>5:00 pm</td>
<td>Traffic delays; road work</td>
<td>Moderate headache</td>
</tr>
<tr>
<td>7:00 pm</td>
<td>Neck and shoulder pain</td>
<td>Anger</td>
</tr>
<tr>
<td>7:30 pm</td>
<td>Child behavior issue</td>
<td>Frustration, depressed mood</td>
</tr>
</tbody>
</table>

### Life Stress Test

- Review of major life events of past 1-2 years
- Each event is correlated with stress points
- Total Life Stress Score shows the susceptibility to stress-related illness

(Loewenstein, n.d.)

### Self-Care Assessment

- Physical Self-Care
- Psychological Self-Care
- Emotional Self-Care
- Spiritual Self-Care
- Workplace Self-Care

(Sealevina & Peatman, 1996)
Prevention and Management of Compassion Fatigue

- Periodic assessment to identify and measure Compassion Fatigue level
- Prevention of un-rescued compassion fatigue is key!
- Management of Compassion Fatigue
  - Consider the five domains of wellness in self-care strategies
  - Education
  - Workplace strategies

Physical Self-Care Strategies

- Exercise regularly
- Maintain good nutrition
- Sleep adequately
- Schedule preventative care and medical care appointments
- Tend to your needs: haircut, massage, manicure, etc.
- Set aside time to do one nurturing activity each day

Mental Self-Care Strategies

- Establish a routine that helps separate work from home
- Learn to say ‘no’ to extra stress
- Maintain a hobby
- Learn to receive and not just give
- Redefine success

(Aycock & Boyle, 2009; Ruff-King, n.d.)
Emotional Self-Care Strategies

- Allow tears and laughter
- Express your feelings to supportive people including peers
- Grieve loss effectively
- Practice positive self talk and recognize negative emotion that may bring you down
- Establish coping strategies for the difficult times
- Constructively express anger
- Take pride in your accomplishments
- Seek out activities that provide comfort
- Play with children and animals

(Aycock & Boyle, 2009; Emanuel et al., 2011; Fletcher, 2010; Ruff-King, n.d.)

Social Self-Care Strategies

- Spend time with supportive people
- Widen your network by joining professional and social organizations
- Nurture your work and home relationships
- Learn to ask for help at work and at home
- Collaborate with others at work on a project
- Establish formal and informal debriefing for peer support
- Avoid comparing work performance with others; instead accept compliments and support for personal work ethic

(Fletcher, 2010; Moya del Pino, 2012)

Spiritual Self-Care Strategies

- Make time for regular prayer, meditation and reflection
- Self-care journal
- Notice nature and spend time in it
- Ready access to pastoral care staff to support nursing staff
- “Blessing of the Hands” Ceremony
- “Tea for the Soul” approach

(Aycock & Boyle, 2009; Boyle, 2011; Fletcher, 2010; “Tea for the Soul”)
Intervene With Education

- Educate about Compassion Fatigue and resources available to combat it
- End of Life Nursing Education Consortium (ELNEC) training
- Set career goals

Intervene with Work-Place Strategies

- Consider strategies to assist with workload
- Provide nurse mentor/mentee opportunities
- Offer educational programs on subject
- Offer retreats to refuel / "Day of Rejuvenation"
- Create a place of refuge in your workspace
- Provide formal arts programs to promote morale
- Accelerated Recovery Program
- On-site counseling
- Support groups
- De-briefing opportunities
- Bereavement interventions

Summary

- Compassion fatigue results from the care giving work of oncology nursing
- “Dig where the ground is soft” Chinese Proverb
- Remember why you do what you do
- Take the time to identify, measure and manage compassion fatigue so you can continue to do this significant work
- Organizations must recognize their role to support oncology staff
References

• Full list of references included with your handouts

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