Many studies have documented high prevalence of burnout and compassion fatigue in oncology nurses. Burnout has detrimental effects on nurses, patients, and healthcare organizations. However, burnout interventions have been shown to improve the physical and mental health of nurses, patient satisfaction, and the organizational bottom line by reducing associated costs of burnout. Although treatment centers may prevent and correct burnout in oncology nurses by providing various interventions, few articles focus on those interventions. This article compiles and describes interventions that will serve as a reference to nurses and healthcare organization leaders interested in implementing similar programs.

Barbara J. Henry, MSN, APRN-BC, is a psychiatric advanced practice nurse with Melvin S. Gale, MD, and Associates in Cincinnati, OH. The author takes full responsibility for the content of the article. The author did not receive honoraria for this work. The content of this article has been reviewed by independent peer reviewers to ensure that it is balanced, objective, and free from commercial bias. No financial relationships relevant to the content of this article have been disclosed by the author, planners, independent peer reviewers, or editorial staff. Henry can be reached at bjzh@aol.com, with copy to editor at CJONEditor@ons.org. (Submitted June 2013. Revision submitted July 2013. Accepted for publication July 27, 2013.)

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The overnight retreat began with dinner and an evening of fun and laughter using room and table assignments to pair staff.

Interventions included employee assistance programs, on-site retreats (e.g., facility campus, conference room), and off-site retreats (e.g., beach house, local education center, river resort). Resources for funding those retreats could include local Oncology Nursing Society chapters, educational funds, institution budgets, pharmaceutical company grants, or other donated funds.

Retreats were held outside the work setting with participants’ choice of four experiential break-out sessions: “Keeping the Hope,” which used art, imagery, and story to restore hopefulness as a self-care practice; “Coming Home to Your Body,” which used therapeutic movement; “Being Peace,” which used mindfulness meditation to foster peace and balance in everyday life; and “What Matters Most,” which fostered self-reflection and expression through collage and writing. Retreats also included free afternoon time with the opportunity for all participants to receive a massage; an evening of live entertainment with singing, dancing, and laughing; and a morning Yoga class or the option to take a walk or sleep in.

An eight-week mindfulness-based stress reduction program aimed to improve relaxation, self-care, work and family relationships, and ways of dealing with difficult emotions.

The intervention included a kick-off program followed by three-hour programs each month for six months with an introduction and questionnaire on work situations, communication, and feedback. In addition, program topics included building social support, balancing job-related investments and outcomes, solving problems through team action planning, and identifying potential problems and solutions for dealing with change. Program counselors met with participants prior to the program to gather information on the organization’s structures and policies as well as management’s perception of the main source of job stress.

Day-long retreats held away from the clinical areas included interactive and informal presentations on wellness, bereavement, developing stress management skills such as relaxation, journaling, cultivating team effectiveness, and art-making activities. Participants also viewed a videotape on positive management philosophy and discussed a framework for incorporating stress management and self-care into practice. Practice changes to decrease burnout and increase ongoing focus on staff support at the facility were implemented based on ideas generated.

Nurses attended a five-week program that involved five 90-minute sessions on compassion fatigue resilience.

A four-hour workshop was conducted by a psychiatric clinical nurse specialist and included an experiential exercise focused on letting go of fatigue using imagery with soft music, tea lights, and singing bowls on the altar of the hospital chapel, with mantras and oil therapy with singing bowls for balance and well-being. Afterwards, participants gathered in a classroom to share a meal and continue fellowship.

on-site resources such as employee assistance programs (EAPS), pastoral care, counselor or psychologist, psychiatric clinical nurse specialist, or support groups (Aycoc & Boyle, 2009). Those with EAPS had three free visits available per year with a discount for ongoing services. EAPS provide counseling to help employees deal more effectively with emotional health issues (for more information on EAPS, visit [www.eapassn.org/files/public/EAPAS TANDARDS10.pdf](http://www.eapassn.org/files/public/EAPAS TANDARDS10.pdf)). The lag time between request and scheduled time available for an appointment was a barrier to obtaining other counseling services (Aycoc & Boyle, 2009). Only 5% of respondents reported exposure to staff support groups that were rarely continued over time (Aycoc & Boyle, 2009). Although off-site retreats to promote renewal were experienced by only a few respondents, qualitative data reflect the value of these retreats to participants (Aycoc & Boyle, 2009).

Medland, Howard-Ruben, and Whitaker (2004) described ways to foster psychosocial wellness in oncology staff by addressing burnout and social support in the workplace and conducting five full-day retreats with 150 oncology staff members. Bauer-Wu (2005) facilitated overnight staff renewal retreats with oncology nurses from a large cancer center located in the eastern United States. The goal of the retreats was to bring staff together outside the work setting to relax, have fun, revisit self-care and reflection, and rekindle spirits so that staff felt rejuvenated and professionally reinspired. Although no evaluation tools were used, the author reported that participants acknowledged appreciation for the unique experience of fun, personal growth, and knowledge (Bauer-Wu, 2005).

Lambert and Steward (2007) reported on a staff retreat located in the southeastern United States and identified goals for strengthening and reenergizing the team, clarifying roles and
expectations, and identifying unique contributions of each staff member to the team, after numerous previous attempts to improve work effectiveness and cohesion were unsuccessful. Participants felt the retreat was beneficial for building teamwork and leadership skills, and showed a 25% increase from previous scores in satisfaction with their job role, department, and management (Lambert & Steward, 2007).

Potter et al. (2013) studied the effects of a five-week program that involved five 90-minute sessions on compassion fatigue resilience. Thirteen oncology nurse participants had decreased secondary traumatization scores immediately after the program, which they maintained six months after the program's completion. Participants also had improved Impact of Event scores, showing a statistically significant improvement in compassion fatigue resilience from this intervention (Potter et al., 2013).

A psychiatric clinical nurse specialist in the southeastern United States provided compassion fatigue training and support to oncology nurses, presenting an overview of compassion fatigue and consequences with a handout on being mindful of the present, which generated positive feedback from participants (Walton & Alvarez, 2010).

TABLE 2. Six Areas for Potential Burnout and Possible Solutions

<table>
<thead>
<tr>
<th>Area</th>
<th>Disparities</th>
<th>Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workload</td>
<td>• Feeling physically and emotionally drained at the end of the day</td>
<td>Taking a walk outside after lunch and for five minutes twice per day</td>
</tr>
<tr>
<td></td>
<td>• Feeling it all alone</td>
<td>Interspersing paperwork between more demanding patient care rather than saving it all until the end of the day</td>
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<tr>
<td></td>
<td>• Skipping lunches and breaks</td>
<td>Increasing delegation and teamwork with other nurses to share care</td>
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<tr>
<td>Control</td>
<td>• Feeling hopeless or powerless about patient outcomes, death of young</td>
<td>Offering staff support and bereavement groups</td>
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<td></td>
<td>patients, futile care</td>
<td>Providing on-site counselors and psychiatric advanced practice nurses</td>
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<tr>
<td></td>
<td>• Feeling like an outsider</td>
<td>Providing pastoral care for staff, patients, and families</td>
</tr>
<tr>
<td></td>
<td>• Feelings of isolation and loneliness</td>
<td>Putting up a bulletin board for sympathy cards, funeral cards, and patient</td>
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<tr>
<td>Reward</td>
<td>• Forgoing a cost-of-living raise because of organizational cost cutting</td>
<td>Implementing clinical ladder programs to provide salary increases</td>
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<tr>
<td></td>
<td>• Holding onto anger and resentment</td>
<td>Offering other rewards, such as professional organization dues reimbursement and travel or tuition for educational workshop or advanced degree class work</td>
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<tr>
<td>Community</td>
<td>• Feeling disconnected from the rest of the team</td>
<td>Looking for other jobs offering these benefits</td>
</tr>
<tr>
<td></td>
<td>• Feeling like an outsider</td>
<td>Encouraging staff to voice feelings</td>
</tr>
<tr>
<td></td>
<td>• Feelings of isolation and loneliness</td>
<td>Increasing interactions in daily routines, staff meetings, or activities out-side work (e.g., fund-raising, baby showers, unit or company T-shirts)</td>
</tr>
<tr>
<td>Fairness</td>
<td>• Feeling outside the favored group, supervisors playing favorites or having “pets”</td>
<td>Encouraging management education and improved practice</td>
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<tr>
<td></td>
<td>• Feeling that the focus on bottom line is higher than the focus on quality</td>
<td>Providing an annual retreat for staff and management</td>
</tr>
<tr>
<td>Values</td>
<td>patient care or staff retention</td>
<td>Designating team leaders for projects</td>
</tr>
<tr>
<td></td>
<td>• Feeling that the focus on bottom line is higher than the focus on quality</td>
<td>Offering employee of the month rewards or other staff recognition</td>
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<tr>
<td></td>
<td>patient care or staff retention</td>
<td>Including self-evaluations in annual performance reviews</td>
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</tbody>
</table>

An eight-week mindfulness-based stress-reduction program was offered to 25 nurses at a hospital and health network located in the eastern United States (Cohen-Katz et al., 2005). Qualitative and quantitative data from the study found the intervention to be effective in improving relaxation, self-care, and work and family relationships; however, at times, the process generated challenges like restlessness, pain, and dealing with difficult emotions (Cohen-Katz et al., 2005).

The use of journaling as a psychosocial wellness tool is sometimes forgotten. Adams and Putrino (2010) conducted an expressive writing workshop to promote self-care for about 40 oncology nurses. Participants were presented with information on permission, balance, privacy, honesty, silence, attention, structure, and reflection. The presenters also shared their experience of guiding expressive writing groups with patients with cancer and oncology health professionals (Adams & Putrino, 2010). The authors reported overwhelmingly positive response from patient group participants and from healthcare providers who used structured journaling.

LeBlanc et al. (2007) evaluated effectiveness of a team-based burnout intervention. The study sample included 664 staff members from 29 oncology wards in 18 general hospitals in...
Implications for Practice

- Seek out emotional support and healthy coping programs to help prevent or correct oncology nursing burnout.
- Encourage organizations to implement and support interventions, such as retreats, therapy programs, and counseling services.
- Engage in self-care activities to decrease or prevent burnout.

the Netherlands. Participants in the experimental group felt significantly less exhausted than those in the control group immediately after the program and again six months later (LeBlanc et al., 2007).

Hayes et al. (2005) wrote about retention strategies implemented at large cancer centers in the eastern United States that decrease burnout and increase support for oncology nurses. All strategies were received with favorable outcomes, despite some initial implementation difficulties (Hayes et al., 2005). In addition, Maslach and Leiter (2005) recommended that individuals and organizations move from burnout to engagement by identifying in which of six areas (community, control, fairness, reward, values, and workload) a bad fit exists between people and their work. Employees take a survey to identify the mismatched areas, and managers target specific interventions based on the results (see Table 2).

Carroll-Johnson (2010) observed the topics of lateral violence, dealing with difficulties in nursing, mentoring, resilience, and self-care as themes in a wide variety of recent nursing journals. Carroll-Johnson (2010) noted the high personal demands of oncology nursing, and challenged readers to look around at coworkers; acknowledge the value of their own work; and recognize the work of colleagues with kindness, consideration, and support. Interventions should be developed targeting these areas to help decrease burnout in oncology nurses.

Conclusion

Burnout interventions for oncology nurses showed positive outcomes as measured by participant comments. However, one limitation of many of the interventions was the lack of objective measurement tools and experimental design to evaluate efficacy. Burnout and job stress have increased, in part, because of technology, insurance changes and demands, and the vast amount of new education needed to understand current and expanding oncology treatment and disease knowledge. Nurses may decrease or prevent burnout by practicing self-care and encouraging treatment centers to support burnout intervention programs. Organizations that implement burnout interventions may experience increased retention, reduced turnover and performance problems, and increase patient satisfaction.

References


