When nurses reflect on their reasons for choosing oncology, they may recall the pleasant memories and positive rewards that come from helping special people along the cancer journey. However, there may be less reflection on difficult memories of witnessing death, patient and family suffering, and the emotional burdens of losing patients, which may lead to compassion fatigue and burnout (Vachon, 2010). Compassion fatigue occurs when caregivers unconsciously absorb the distress, anxiety, fears, and trauma of the patient (Bush, 2009). Compassion fatigue often is a factor in nursing burnout. Burnout is defined as a prolonged response to physical or emotional stressors that result in feelings of exhaustion, being overwhelmed, self-doubt, anxiety, bitterness, cynicism, and ineffectiveness (Maslach & Leiter, 2005).

The prevalence of burnout is high in oncology nursing clinical settings with high emotional demand (Barnard, Street, & Love, 2006; Potter et al., 2010). According to a study conducted at Memorial Sloan-Kettering Cancer Center (N = 153), 44% of inpatient oncology nurses reported some degree of burnout (Emanuel, Ferris, von Gunten, & von Roenn, 2005). Burnout negatively impacts the physical and emotional health of nurses; organizational costs; and patient satisfaction, outcomes, and mortality (Aiken, Clark, Sloane, Sochalski, & Silber, 2002; Lee et al., 2007).

Psycho-oncology leaders conclude that cancer centers must explore ways to reduce work stress so that professionals are emotionally equipped to effectively communicate and provide support to patients (Kash et al., 2000). The positive effects of person- and work-directed burnout interventions may be apparent from six months to two years after implementation (Marine, Ruotsalainen, Sierra, & Verbeek, 2006). The current author conducted PubMed and CINAHL® searches using the terms burnout, compassion fatigue, oncology nursing burnout, and burnout interventions to explore existing literature on these topics. The purpose of this article is to describe burnout interventions (see Table 1) and provide guidance to oncology nurses and organizations interested in implementing similar programs.

**Burnout Interventions**

Aycock and Boyle (2009) examined existing interventions to manage compassion fatigue in oncology nurses by surveying 231 Oncology Nursing Society chapter presidents, with 103 responses. Twenty-two percent or fewer respondents had
on-site resources such as employee assistance programs (EAPs), pastoral care, counselor or psychologist, psychiatric clinical nurse specialist, or support groups (Aycock & 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). The lag time between request and scheduled time available for an appointment was a barrier to obtaining other counseling services (Aycock & Boyle, 2009). Only 5% of respondents reported exposure to staff support groups that were rarely continued over time (Aycock & 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 (Aycock & 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

<table>
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<tr>
<th>TABLE 1. Summary of Nursing Burnout Interventions</th>
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<td><strong>Source</strong></td>
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<tr>
<td>Adams &amp; Putrino, 2010</td>
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<td>Aycock &amp; Boyle, 2009</td>
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<td>Bauer-Wu, 2005</td>
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<td>Cohen-Katz et al., 2005</td>
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<td>Hayes et al., 2005</td>
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<td>Lambert &amp; Steward, 2007</td>
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<td>LeBlanc et al., 2007</td>
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<td>Medland et al., 2004</td>
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<td>Potter et al., 2013</td>
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<td>Walton &amp; Alvarez, 2010</td>
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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).

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

<table>
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<th>TABLE 2. Six Areas for Potential Burnout and Possible Solutions</th>
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<td><strong>Area</strong></td>
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| **Workload** | Amount of work to complete in a day; frequency of surprising, unexpected events | • Feeling physically and emotionally drained at the end of the day  
• Doing it all alone  
• Skipping lunches and breaks | Taking a walk outside after lunch and for five minutes twice per day  
Interspersing paperwork between more demanding patient care rather than saving it all until the end of the day  
Increasing delegation and teamwork with other nurses to share care  
Increasing personal self-care behaviors outside of work  
Offering advanced technology and training to help reduce workload |
| **Control** | Participation in decisions that affect work; quality of leadership from upper management | • Feeling hopeless or powerless about patient outcomes, death of young patients, futile care | Offering staff support and bereavement groups  
Providing on-site counselors and psychiatric advanced practice nurses  
Providing pastoral care for staff, patients, and families  
Putting up a bulletin board for sympathy cards, funeral cards, and patient thank-you notes |
| **Reward** | Recognition for achievements; opportunities for bonuses or raises | • Forgoing a cost-of-living raise because of organizational cost cutting  
• Holding onto anger and resentment | Implementing clinical ladder programs to provide salary increases  
Offering other rewards, such as professional organization dues reimbursement and travel or tuition for educational workshop or advanced degree class work  
Looking for other jobs offering these benefits |
| **Community** | Frequency of supportive work interactions; closeness of personal friendships at work | • Feeling disconnected from the rest of the team  
• Feeling like an outsider  
• Feelings of isolation and loneliness | Encouraging staff to voice feelings  
Increasing interactions in daily routines, staff meetings, or activities outside work (e.g., fund-raising, baby showers, unit or company T-shirts) |
| **Fairness** | Management’s dedication to giving everyone equal consideration; clear and open procedures for allocating rewards and promotions | • Feeling outside the favored group, supervisors playing favorites or having “pets” | Encouraging management education and improved practice  
Providing an annual retreat for staff and management  
Designating team leaders for projects  
Offering employee of the month rewards or other staff recognition  
Including self-evaluations in annual performance reviews |
| **Values** | Potential to contribute to the larger community; confidence that the organization mission is meaningful | • Feeling that the focus on bottom line is higher than the focus on quality patient care or staff retention | Supporting charity events financed by the organization  
Writing newsletters to recognize altruism of employees  
Offering patient and family support groups  
Encouraging expressive patient and staff therapies like pet, art, music, Yoga classes, healing touch, and chair massage |

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


