Creating Moments That Matter: Strategies to Combat Compassion Fatigue

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Understanding compassion fatigue and devising and implementing interventions to address the subject are important for nurses and patients. However, few literature reports exist that address interventions for nurses who experience compassion fatigue. This article discusses how nurses on a medical-surgical oncology unit in an academic, community Magnet™ hospital adopted these themes as a conceptual framework on which to focus actions to avoid and mitigate compassion fatigue.

Compassion fatigue occurs when an individual is unable to rescue or save someone from harm, resulting in guilt and distress (Valent, 2002). A variety of studies have investigated the impact of patient care on oncology nurses (Perry, 2008; Sherman, Edwards, Simonton, & Mehta, 2006; Simon, Pryce, Roff, & Klemmack, 2005). Cancer care practitioners tend to empathize with their patients’ losses, prompting personal feelings of futility or failure (Sherman et al., 2006).

Few literature reports address proven interventions for nurses who experience compassion fatigue. Of the studies that exist, none of the interventions directly correlate to the findings of a phenomenologic study by Perry (2008), which explored the lived experiences of exemplary oncology nurses and what facilitated their relationship and interactions with patients, which led to avoiding compassion fatigue by fully appreciating the humanness of K.H., his established life duties as a husband and father of two young girls. K.H. endured several rounds of chemotherapy over a period of months and hospital stays averaging five days. Throughout this time, the disease rendered him extremely ill and unable to work or fulfill personal life duties as a husband and father of two young girls. K.H. was admitted a final time for palliative care. This admission lasted one month before K.H. was discharged home, where he passed away on day 71 of his final admission. His wife, two young girls, and father learned that K.H. would be admitted for palliation, their attitude became one of resignation, and they expressed feelings demonstrating compassion fatigue: sadness, despair, helplessness, anger, and belief they had failed.

Moments of Connection and Making Moments Matter

Perry (2008) found that exemplary nurses connected with patients and families, which enabled the nurses to put themselves in their patients’ position; therefore, those nurses gained motivation and energy to offer exceptional care. The second theme in Perry’s (2008) study, making moments matter, showed that nurses value opportunities to establish meaningful relationships with their patients, which led to avoiding compassion fatigue by fully appreciating the significant moments of the nurse-patient relationship.

Case Study

K.H. was a 40-year-old male patient in a 20-bed medical-surgical oncology unit in a National Cancer Institute–designated comprehensive cancer center and academic community Magnet™ hospital. He originally presented with abdominal distention, ascites, shortness of breath, lower extremity edema, and abdominal pain and was diagnosed with adenocarcinoma of unknown origin. K.H. endured five days. Throughout this time, the disease rendered him extremely ill and unable to work or fulfill personal life duties as a husband and father of two young girls. K.H. was admitted a final time for palliative care. This admission lasted one month before K.H. was discharged home, where he passed away within days.

During K.H.’s admissions for chemotherapy, the initial intent of care was curative. Nurses and ancillary staff conveyed this through hope and encouragement for the patient and family members, while, at the same time, wanting to believe it themselves. When the staff learned that K.H. would be admitted for palliation, their attitude became one of resignation, and they expressed feelings demonstrating compassion fatigue: sadness, despair, helplessness, anger, and belief they had failed.

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meaningful relationships, and the impact of his life on others.

Another intervention used for K.H.'s daughters was KimmieCares dolls and accompanying books. These resources are intended to help explain cancer and chemotherapy to children, aiding in their coping skills.

The journals, dolls, and books helped the staff make connections and moments that matter with K.H. and his family. Many of the staff reiterated comments and themes Perry (2008) found in her work, such as patient and family appreciation, positive feedback, the responsibility and privilege of nursing, and getting the little things right so trust and meaningful relationships are established.

Energizing Moments

Energizing moments, the third theme from Perry (2008), relates to a zest-for-life attitude. The exemplary oncology nurses in the study brought energy to their work, transferred through patient interactions. Perry (2008) proposed that the nurses in the study seemed to have discovered that positive responses in difficult circumstances may prompt better outcomes. Although the nurses could not always control their work environment, they could control how they would respond to the circumstances.

Positive feedback from the journaling experience and use of KimmieCares dolls and books inspired staff to replicate the opportunity for other patients. However, because the journal, dolls, and books had been purchased with a single, one-time donation, the staff explored options to continue funding. Two fundraising options were selected. The first involved inviting hospital staff members talented in photography to donate their work for display and sale. This initial fund-raiser was a success and has been held on an annual basis for four years. For the second fund-raising method, the staff created identification badge holders from recycled medication bottle caps.

Staff members regularly met outside of the work environment to make the badges, turning those times into fun, social gatherings.

The money raised was invested into a formal organization trust fund managed by the development office. Custodians of that patient-assistance fund are the manager and chief nursing officer. All purchases from the fund must be approved by the custodians.

In addition to journals, dolls, and books, examples of how the patient-assistance fund has been used include the following:
- Ambulance transfers from the acute care setting to hospice
- Meditations
- Patient and family birthday and anniversary parties and presents
- Patient and family wedding receptions and gifts
- Inspirational jewelry and display items
- Prayer crystals
- Build-A-Bears®
- Wigs and scarves.

The fund has provided a way for the unit colleagues to positively transform patient experiences, facilitating energizing moments that impact staff well-being.

Outcomes

Press Ganey® patient-satisfaction scores for the unit are consistently in the mid-90s, exceeding the peer group and Magnet® hospital scores (Ganey, 2013). More specifically, “Attention to special/personal needs” is regularly scored in the mid-90s, exceeding both the aforementioned benchmarks. In addition, staff satisfaction scores related to job engagement all exceeded the national work group comparison, facility mean, and database national mean.

Conclusion

Understanding compassion fatigue is important. Perry’s (2008) study can serve as a conceptual framework on which to focus actions that avoid and mitigate compassion fatigue. The examples detailed in this article implemented by one unit’s staff can be replicated by oncology nurses in any setting to create moments of connection, moments that matter, and energizing moments.

References


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