



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.

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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 avoidance of compassion fatigue. Perry's (2008) findings focused on three main themes: creating moments of connection, making moments matter, and energizing moments.

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 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 within days.

During K.H.'s admissions for chemotherapy, the initial intent of care was curative. Nurses and ancillary staff con-

veyed 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.

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.

By the time K.H. was admitted for end-stage care, the staff had already made a connection with him, his wife, and daughters. Although the admissions staff had established meaningful relationships with K.H. and his family, an RN suggested an intervention she believed would enhance the relationships. The nurse's idea was to place a journal at K.H.'s bedside in which all staff, including physicians, were encouraged to write memories of their relationship and interactions with K.H. The intent was for him and his family to read these notes and be reminded of the humanness of K.H., his established