

The Impact of a Knitting Intervention on Compassion Fatigue in Oncology Nurses

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Compassion fatigue is the emotional exhaustion and stress that nurses can feel when caring for terminally ill patients. This can contribute to high nursing turnover rates, result in poor job satisfaction, and lead to decreased ability to provide quality care. Oncology nurses are vulnerable to compassion fatigue because they develop relationships with patients battling life-threatening illnesses, provide end-of-life care, and encounter ethical dilemmas related to cancer treatment.

Previous studies have explored compassion fatigue to understand its prevalence, causes, and deleterious effects on oncology nurses (Aycock & Boyle, 2009; Ferrell & Coyle, 2008; Potter et al., 2010; Sivesind et al., 2003). Aycock (2006) described the emotional burdens nurses carry when their patients are dying and denote that “attention to our own affective needs and grief establish a formidable platform of risk for oncology nurse caregivers” (p. 11). They highlighted the great care nurses provide to patients and their families and the contrasting lack of care that nurses provide to themselves. Aycock and Boyle (2009) suggested that overlooking self-health promotion opportunities increases nurses’ experience of compassion fatigue.

Arts and humanities programs, such as expressive writing exercises, have been shown to be beneficial for people with cancer (Morgan, Graves, Poggi, & Cheson, 2008). These programs have demonstrated improved physical quality of life after participation. Hilliard (2006) studied hospice workers and the effects of music therapy on their compassion fatigue and team building. In the study by Hilliard (2006), music interventions improved the participants’ team building but had no effect on their compassion fatigue ratings.



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Karli McGill, FNP-BC, MSN, at left, and Paula Enyart Goodman, RN, BSN, OCN®, at right, take part in the knitting intervention program at MedStar Georgetown University Hospital Lombardi Comprehensive Cancer Center in Washington, DC.

Carter, Dyer, and Mikan (2013) studied the impact of cognitive-behavioral therapy as an intervention for insomnia experienced by hospice nurses. They concluded that longitudinal studies were needed to investigate the effectiveness of their intervention. Houck (2014) created an educational program targeting cumulative grief and compassion fatigue in nurses. The program, *Running on Empty? How to Rejuvenate, Recharge*

and *Refill*, consisted of one three-hour session designed to teach nurses self-care strategies, including Reiki, breathing techniques, guided imagery, stretching, and self-massage. The curriculum also included education about pastoral care and the availability of employee assistance programs. After the session, evaluations revealed that the participants felt less isolated in their grieving processes and were more likely to ask for help when needed.

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