

Evidence-Based Strategies to Mitigate Compassion Fatigue Among Oncology Nurses

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Oncology nurses are at higher risk for compassion fatigue (CF) than nurses working in other specialties. This increased incidence occurs as a result of the type of stress oncology nurses encounter in the workplace (e.g., caring for patients with life-threatening illnesses). Exacerbating this problem is the nurse's lack of knowledge related to using adaptive coping strategies to mitigate the effects of CF. This article reviews information about CF and introduces the practice of self-compassion as a strategy to minimize the effects of CF in oncology nurses.

AT A GLANCE

- CF is a serious condition that negatively influences oncology nurses' quality of life and ability to provide care, threatening patient safety and the nurse's well-being.
- Education about CF is needed to facilitate the implementation of adaptive coping mechanisms.
- Learning self-compassion and implementing mindfulness-based programs, including therapy and self-care activities, have been shown to prevent CF and mitigate its effects.

KEYWORDS

oncology nursing; compassion fatigue; self-compassion; coping strategies

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Compassion fatigue (CF) is a form of secondary trauma resulting from various forms of distress in the workplace, eventually diminishing many healthcare workers' ability to provide empathy and compassion for their patients (Compassion Fatigue Awareness Project, 2021; Lightbody-Warner, 2020). Depending on their nursing specialty, nurses' risk of developing CF ranges from 22% to 45% (Jin et al., 2021). Reports have estimated that 37% of oncology nurses have experienced the signs and symptoms of CF, establishing oncology as one of the specialties of health care whose practitioners are at higher risk for developing this form of secondary trauma (Finley & Sheppard, 2016). The leading causes of CF are work-related stress, ethical dilemmas in the workplace, and more years of nursing experience (Duarte & Pinto-Gouveia, 2017; Pehlivan & Güner, 2020; Wells-English et al., 2019). If left unaddressed, CF can lead to physical and psychological problems (see Figure 1), resulting in burnout and high job turnover rates (Jarrad & Hammad, 2020; Wells-English et al., 2019).

Various psychological factors contribute to the development of CF. Oncology nurses may be empathetic toward their patients in an attempt to understand their patients' perspectives. However, the work-related stress that oncology nurses may experience can detrimentally affect their ability to be empathetic, which makes them more prone to experience negative consequences associated with burnout and CF. With continuous exposure to trauma on the unit, including experiencing patients dying, being short-staffed, and feeling inadequate or not good enough during stressful and emotional situations, oncology nurses may become desensitized, judgmental, and less willing to meet patients' needs because of the degree of personal stress in the workplace (Duarte & Pinto-Gouveia, 2017; Pehlivan & Güner, 2020; Wells-English et al., 2019).

In addition, as a result of caring for patients at the end stages of life and assisting them and their loved ones in the grieving process, oncology nurses may experience grief (Jarrad & Hammad, 2020). More experienced oncology nurses have a greater susceptibility to suffering from CF because they may have encountered this difficult scenario more times than less experienced nurses. They may have increased exposure to situations associated with grief and may also be more experienced with ethical dilemmas in the workplace (Wells-English et al., 2019). Ethical dilemmas commonly experienced by oncology nurses may relate to patient and family decision-making regarding end-of-life care, including treatments the nurse may believe are unnecessary