Many studies have documented high prevalence of burnout and compassion fatigue in oncology nurses. Burnout has detrimental effects on nurses, patients, and healthcare organizations. However, burnout interventions have been shown to improve the physical and mental health of nurses, patient satisfaction, and the organizational bottom line by reducing associated costs of burnout. Although treatment centers may prevent and correct burnout in oncology nurses by providing various interventions, few articles focus on those interventions. This article compiles and describes interventions that will serve as a reference to nurses and healthcare organization leaders interested in implementing similar programs.

Barbara J. Henry, MSN, APRN-BC, is a psychiatric advanced practice nurse with Melvin S. Gale, MD, and Associates in Cincinnati, OH. The author takes full responsibility for the content of the article. The author did not receive honoraria for this work. The content of this article has been reviewed by independent peer reviewers to ensure that it is balanced, objective, and free from commercial bias. No financial relationships relevant to the content of this article have been disclosed by the author, planners, independent peer reviewers, or editorial staff. Henry can be reached at bjzh@aol.com, with copy to editor at CJONEditor@ons.org. (Submitted June 2013. Revision submitted July 2013. Accepted for publication July 27, 2013.)

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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