Close, personal relationships often develop between nurses and patients with cancer throughout the course of treatment. When patients die, nurses may experience an overwhelming sense of grief and loss (Aycock & Boyle, 2009). Medland, Howard-Ruben, and Whitaker (2004) noted that many nurses ignore these feelings, and unrecognized and unaddressed grief may become chronic and cumulative (Aycock & Boyle, 2009; Marino, 1998).

Cumulative loss may contribute to the development of compassion fatigue, a term that has been used to describe the physical, emotional, and spiritual exhaustion resulting from caring for patients and witnessing pain and suffering (Aycock & Boyle, 2009). This exhaustion is often associated with the loss of ability to provide compassionate care (Joinson, 1992), a decrease in quality of patient care, and decisions to leave the workplace (Meadors & Lamson, 2008; Medland et al., 2004). Despite these significant consequences, few institutions offer support for nurses experiencing cumulative grief or compassion fatigue (Boyle, 2011; Shinbara & Olson, 2010).

The authors’ institution is a 572-bed, Magnet®-designated community hospital in the northeastern United States. To date, no specific programs exist to assist nurses struggling with cumulative grief or compassion fatigue. In an effort to support oncology nurses, group counseling in the form of a support group was provided in the past, but was discontinued because of attrition. A few years later, an attempt to integrate a remembrance ceremony into staff meetings failed, as nurses reported a preference for handling grief alone. The organization’s employee assistance program (EAP) offers six free counseling sessions for employees who desire them, and the pastoral care department also offers supportive care on request. However, how many nurses use these services is not known.

Following a literature review, which revealed the importance of support for nurses frequently exposed to death and dying (Brosche, 2003; Dunn, Otten, & Stephens, 2005) and a concern for nurse’s emotional well-being, a needs assessment was conducted in 2009. Because several years had elapsed since the remembrance ceremonies were discontinued, nursing leadership wanted to determine if nurses’ feelings had changed regarding grieving preferences. The purpose of the assessment was to evaluate the assistance nurses preferred to effectively design a support program. After approval from the institutional review board (IRB), a survey tool was developed and distributed to nurses on the inpatient oncology unit (n = 32), and 21 nurses...