We Grieve Too: One Inpatient Oncology Unit’s Interventions for Recognizing and Combating Compassion Fatigue

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Oncology nurses frequently care for patients who are dying or near death, leading to emotional distress, compassion fatigue, and staff turnover. Providing appropriate social and professional support to nursing staff is imperative to maintaining satisfaction and decreasing turnover. Inpatient and outpatient oncology staff should identify the signs of compassion fatigue and know how to perform self-care to combat it. The experiences of nursing staff and patients with cancer and their families can be improved if nurses feel satisfaction with, and confidence in, performing end-of-life care. The current article discusses the success of helping the staff in the fight against compassion fatigue by implementing bereavement interventions in a community hospital’s oncology unit. The program can be applied to many oncology settings and practices to help keep valuable oncology nurses in their careers.

Lancaster General Hospital is a 540-bed Magnet®-designated community hospital in Pennsylvania, with a 26-bed inpatient medical-surgical oncology unit. The unit believed its nurses were battling CF, even if they could not put a name to it. For that reason, the unit believed its nurses were battling CF, even if they could not put a name to it. For that reason, the unit believed its nurses were battling CF, even if they could not put a name to it.

Causes of Compassion Fatigue

Oncology nurses often are recognized for the quality of compassionate care they provide. Compassion is the regard and respect for fellow humans, including the bearing of another’s suffering and a desire to relieve it (Figley, 2002). Compassionate caring has certain emotional consequences that result from helping or wanting to help a suffering person. Sustained compassionate nursing practice can lead to CF and emotional exhaustion (Aycock & Boyle, 2009).

Dorz et al. (2003) found greater emotional exhaustion in oncology healthcare professionals than in healthcare professionals caring for patients with HIV or AIDS. Negative consequences of emotional exhaustion can include burden, depression, anxiety, fear, apathy, desire to quit, and helplessness (Coetzee & Klopper, 2010). An overall decline in nurses’ immune systems and quality of life can result from CF (Figley, 2002). A variety of physical symptoms related to CF are experienced by nurses as well, including forgetfulness, headaches, stomachaches, high blood pressure, weight gain, anger, stiff neck, fatigue, and disrupted sleep (Aycock & Boyle, 2009). Coetzee and Klopper (2010) described symptoms that can lead to CF and emotional exhaustion (Aycock & Boyle, 2009).