Creating Moments That Matter: Strategies to Combat Compassion Fatigue

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Understanding compassion fatigue and devising and implementing interventions to address the subject are important for nurses and patients. However, few literature reports exist that address interventions for nurses who experience compassion fatigue. This article discusses how nurses on a medical-surgical oncology unit in an academic, community Magnet™ hospital adopted these themes as a conceptual framework on which to focus actions to avoid and mitigate compassion fatigue.

Moments of Connection and Making Moments Matter

Perry (2008) found that exemplary nurses connected with patients and families, which enabled the nurses to put themselves in their patients’ position; therefore, those nurses gained motivation and energy to offer exceptional care. The second theme in Perry’s (2008) study, making moments matter, showed that nurses value opportunities to establish meaningful relationships with their patients, which led to avoiding compassion fatigue by fully appreciating the significant moments of the nurse-patient relationship.

Case Study

K.H. was a 40-year-old male patient in a 20-bed medical-surgical oncology unit in a National Cancer Institute–designated comprehensive cancer center and academic community Magnet™ hospital. He originally presented with abdominal distention, ascites, shortness of breath, lower extremity edema, and abdominal pain and was diagnosed with adenocarcinoma of unknown origin. K.H. endured several rounds of chemotherapy over a period of months and hospital stays averaging five days. Throughout this time, the disease rendered him extremely ill and unable to work or fulfill personal life duties as a husband and father of two young girls. K.H. was admitted a final time for palliative care. This admission lasted one month before K.H. was discharged home, where he passed away within days.

During K.H.’s admissions for chemotherapy, the initial intent of care was curative. Nurses and ancillary staff conveyed this through hope and encouragement for the patient and family members, while, at the same time, wanting to believe it themselves. When the staff learned that K.H. would be admitted for palliation, their attitude became one of resignation, and they expressed feelings demonstrating compassion fatigue: sadness, despair, helplessness, anger, and belief they had failed.