Interventions to Manage Compassion Fatigue in Oncology Nursing

I wanted to personally write you to share the positive feedback I have received on your article, "Interventions to Manage Compassion Fatigue in Oncology Nursing" by Nancy Aycock, RN, BSN, OCN®, CHPN®, and Deborah Boyle, RN, MSN, AOCN®, FAAN. I work on a 12-bed medical research oncology unit at the National Institutes of Health Clinical Center, and we just restarted our journal club. Because I am a night shift worker, our unit decided to allow day shift and night shift to alternate journal club meetings. The month of May was my turn, and I must say this article is one of the best articles I have ever read on compassion fatigue. It wasn't heavily laden with statistical jargon nobody could understand and it touched on very real issues we face here on our unit.

The research environment I work in poses challenges that the average community hospital doesn't. We have international and long-distance national patients, which means lengthy stays and lack of family support if family members are unable to travel with the patient. We aren't constrained by insurance demands, but we take the responsibility of all of their care and sometimes it lasts for months. We also have standard laboratory work and then research laboratory work that can be extensive. When a patient is at the end of life, it is very difficult at times because nursing focus in areas of advocacy can be challenging in a research environment.

With the proper preventive measures taken into action, we can also prevent high turnovers and emotional drain. I must say that I hadn't contrasted "burnout" from "compassion fatigue." This was one of the major highlights of this article. My colleagues mostly express satisfaction with our work environment and often say we are more fortunate working here because patient care is highly considered in how the unit is staffed. On average, each nurse will not have more than three patients, which is pretty amazing for a medical unit. So, I'm able to sit with my patients and talk with them without neglecting other patients. My concern for my unit was that we didn't become emotionally drained from the very sick patients we've recently cared for and the multiple deaths. Most of our patients are near the end of their journey with cancers that haven't been cured with conventional medicine. With this knowledge, I want to be more equipped to emotionally prepare for losses and failed trials.

I will ask my nurse manager if she could make End-of-Life Nursing Education Consortium mandatory for all new hires and those of us who haven't had it. Our clinical nurse leader also suggested scheduling a social worker to come and visit the night shift because lots of sessions, seminars, meetings, etc., occur on day shift. We share a close-knit bond on this small unit and just won second place for our hospital's 2012 Nurses' Week Team Award. I chose your article to strengthen our bond and to help each nurse personally reflect where they are emotionally, mentally, and spiritually, and to be honest with themselves. How we are on the inside affects the care we give outside to others.

Ella Mabry, RN, BSN, FCN
Clinical Research Nurse
National Institutes of Health
Bethesda, MD

The Author Responds

Thank you so much for sharing your letter with me. Even more importantly, thank you for sharing the article with your oncology peers in the journal club.

In my opinion, the feedback you have shared confirms several things. First of all, compassion fatigue is a relevant topic to oncology nurses. Sharing this article with your peers in a journal club environment was a nonthreatening intervention that could easily provide normalcy to the impact of compassion fatigue the nurses may have been encountering. Second, the potential ramifications of compassion fatigue may be faced by oncology nurses in various work environments. As I have spoken at various workshops and conferences, it has been clear that each oncology workplace brings its unique stressors. This leads me to the next reality that I believe your letter confirms: oncology nurses and their employers have an opportunity to acknowledge that they are at an increased risk for compassion fatigue. This acknowledgement should warrant periodic inventory by the individual oncology nurse and the organization, which allows for early recognition of compassion fatigue and implementation of supportive interventions to manage this significant phenomenon. Your letter reveals that you and the oncology nurses in the journal club took these measures to heart. Your statement "how we are on the inside affects the care we give outside to others" highlights the importance of self-reflection. It also is evident in your letter that, although you each come with unique gifts, you work as a bonded team. As you know, peer support is one of the interventions that many of the survey participants valued. With your letter, I am reminded of how grateful I am that I was able to participate in the *CJON* Mentorship Writing Program and work with my writing mentor, Deborah Boyle, RN, MSN, AOCN®, FAAN. I also am thankful that I was able to bring attention to a topic so dear to my heart.

Nancy Aycock, RN, BSN, OCN®, CHPN®
Palliative Care Coordinator
St. Dominic Hospital
Jackson, MS

Reference

Aycock, N., & Boyle, D. (2012). Interventions to manage compassion fatigue in oncology nursing. *Clinical Journal of Oncology Nursing, 13,* 183–191. doi:10.1188/09.CJON.183-191

The authors take full responsibility for the content of the article. The authors did not receive honoraria for this work. No financial relationships relevant to the content of this letter have been disclosed by the authors or editorial staff. Mabry can be reached at mabryea@cc.nih.gov, and Aycock can be reached at naycock@stdom.com, with copy to editor at CJONEditor@ons.org.

Digital Object Identifier: 10.1188/12.CJON.447