Barriers to Self-Care and Combatting Compassion Fatigue Among Oncology Nurses

**Purpose**

The toolkits aimed to improve nursing compassion scores and decrease burnout scores, but several barriers arose during the project implementation.

**Methods**

- **a.** The main tool used to evaluate project efficacy was the ProQOL® scale, initially developed to assess compassion fatigue among hospice nurses, but its use has since expanded to evaluate all healthcare providers.
- **b.** Nurses completed surveys on self-care practices and work environment to create personalized toolkits.
  - i. These included unique resources available to each unit, suggestions for self-care, as well as institutional resources within the hospital organization.
  - ii. The toolkits were freely available and located in the nurses station.

<table>
<thead>
<tr>
<th>ProQOL Measure</th>
<th>Unit 1 Average</th>
<th>Unit 2 Average</th>
<th>Key to Professional Quality of Life Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compassion Satisfaction</td>
<td>38.6</td>
<td>43.5</td>
<td>Low</td>
</tr>
<tr>
<td>Burnout</td>
<td>23.5</td>
<td>19.05</td>
<td>Average</td>
</tr>
<tr>
<td>Traumatic Stress</td>
<td>23.2</td>
<td>19.3</td>
<td>High</td>
</tr>
</tbody>
</table>

**Background**

Oncology nursing practice is accelerating quickly with treatment development and increasing patient acuity, leading to compassion fatigue and burnout.

- Interventions are needed to combat stressors leading to compassion fatigue.
- Improving working conditions and enhancing self-care through management support is one strategy to prevent nursing burnout and improve nursing satisfaction.

This was a two-phase project, implementing a self-compassion toolkit for two oncology units at an urban teaching hospital.

**Interaction of Compassion Fatigue and Satisfaction Leading to Burnout**

![Diagram of interaction between work environment, patient environment, personal environment, compassion fatigue, and burnout](https://synapse.koreamed.org/ArticleImage/0006JKAN/jkan-44-259-g001.jpg)

**Discussion**

Low follow-up response rates and low utilization rates prompted open discussion questions completed by a focus group of 10 staff nurses.
- Responses to the open discussion questions fell into four main categories: Leadership, Work Schedule, Acuity and Staffing, and Personal Barriers.
- Respondents felt that a lack of support for off-shifts and time off work negatively impacted self-care.
- Self-care activities were limited by difficulty accessing services if it required significant travel from home, in addition to balancing working long, rotating shifts.
- High acuity and poor staffing required nurses to work additional hours, leaving little time for self-care or toolkit utilization.
- Most often, nurses reported feeling guilty for performing self-care and self-compassion activities that impacted their time with their friends and loved ones.

**References Available Upon Request**

**Leadership**

- Lack of support
- Poor proactivity in preventing staffing shortages

**Work Schedule**

- Home location
- Long and rotating shifts

**Acuity and Staffing**

- Increased stress and burden
- Difficulty recovering from poorly staffed shifts

**Personal Barriers**

- Guilt performing self care while neglecting family
- Placing friends and family over self

**Conclusions and Implications**

- Combating compassion fatigue and burnout must incorporate the input and opinions of the frontline staff, who can create a positive atmosphere and positive change through shared decision making.
- Future interventions to improve satisfaction should be developed with an engaged team with goals to have safe workloads and clear expectations, enhance the sense of community in the unit, recognize staff achievement, and transparent decision making.

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References Available Upon Request