Barriers to Self-Care to Combat Compassion Fatigue in Oncology Nurses

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Oncology care is advancing at a rapid pace, enabling treatment of more complex diagnoses, more elderly patients, and a growing number of patients. For the oncology nurse, this is both an exciting time but also strenuous with the increasing level of patient acuity and numerous learning demands as treatment develops. These are factors that can lead to compassion fatigue, generally defined as an exhaustion result from caring for patients experiencing various degrees of suffering. Negative effects of compassion fatigue include physical symptoms such as nausea, headaches, and insomnia, to psychological distress such as depression or anxiety. Studies have demonstrated that oncology nurses are at increased risk for compassion fatigue compared to other specialties. Poor working conditions (increased worked hours, less break time or inability to care for own personal needs) with secondary traumatic stress and burnout. However, these experiences can be ameliorated by a supportive environment. A strong need to combat compassion fatigue exists, and nurse managers must understand the implications and barriers to creating supportive work environments for oncology nurses. First, assessing or compassion fatigue and compassion satisfaction is crucial, which can be done by using the Professional Quality of Life (ProQOL®) scale. This project used this tool implemented in two phases with the goal of providing a Compassion Fatigue Toolkit for oncology nurses working on two units at an urban teaching hospital. The ability to perform self-care or self-compassion can reduce burnout, but must be facilitated and supported by nurse managers to enable nurses to provide compassionate care. Creating an environment that ameliorates high-risk satisfaction scores is crucial in preventing nursing burnout. This project was implemented in two phases with the goal of providing a Compassion Fatigue Toolkit for oncology nurses working on two units at an urban teaching hospital in Pittsburgh, Pennsylvania. Four surveys were used to assess compassion fatigue and satisfaction, self-care practices, and barriers to self-care. The first tool used was the ProQOL®, the second was a unique to this project, the third assessed use of the toolkits, and the fourth was a free-response focus group questionnaire. Nurses completed surveys on self-care practices and work environment to create personalized toolkits. These included unique resources available to each unit, suggestions for self-care, as well as institutional resources within the hospital organization. The toolkits were freely available and located in the nurses station. The project received a total of 12 responses from Unit 1 (N=35) and 20 responses from Unit 2 (N=38) for the ProQOL® survey, 19 responses from Unit 1 and 23 responses from Unit 2 for the second survey, and 8 responses from Unit 1 and 12 responses from Unit 2 for the third survey. Due to low response rates, statistical analysis was not carried out. The low response rate and low utilization rates yielded from the third survey prompted the open discussion questions completed by a focus group of 10 staff nurses. These responses were analyzed thematically. 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. Although the initial goal of this project, to create a self-compassion toolkit that could improve compassion fatigue scores among oncology nurses, was unsuccessful, it did create relevant insights into challenges that oncology nurses face. The main barrier categories, leadership, work schedule, acuity and staffing, and personal life, prevented nurses from accessing the toolkit and utilizing the available resources. The results of the project are limited by poor response rate and small sample, but the topics yielded during the focus group present implications for oncology nurse leaders, from managers to charge nurses, and even preceptors. Combatting 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.
Title:
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References:


Abstract Summary:
Combating compassion fatigue is key to promoting well-being among all nurses, especially oncology nurses. This project describes barriers to self-care that enhance well-being and prevent burnout and provides an efficient process for managers to identify these barriers and compassion fatigue among staff.
Content Outline:

1. Oncology nursing practice is accelerating quickly with treatment development and increasing patient acuity, leading to compassion fatigue and burnout.
   1. Interventions are needed to combat stressors leading to compassion fatigue.
   2. Improving working conditions and enhancing self-care through management support is one strategy to prevent nursing burnout and improve nursing satisfaction.
   3. This was a two-phase project, implementing a self-compassion toolkit for two oncology units at an urban teaching hospital.

2. The toolkits aimed to improve nursing compassion scores and decrease burnout scores, but several barriers arose during the project implementation.
   1. The main tool used to evaluate project efficacy was the ProQOL® scale was initially developed to assess compassion fatigue among hospice nurses, but its use has since expanded to evaluate all healthcare providers.
      1. The instrument contains 30 items that measure burnout, secondary traumatic stress, and compassion satisfaction
      2. Previous studies have found that oncology nurses score “high risk” in the compassion satisfaction category.
   2. Nurses completed surveys on self-care practices and work environment to create personalized toolkits.
      1. These included unique resources available to each unit, suggestions for self-care, as well as institutional resources within the hospital organization.
      2. The toolkits were freely available and located in the nurses station.
   3. Low follow-up response rates and low utilization rates prompted open discussion questions completed by a focus group of 10 staff nurses.
      1. Responses to the open discussion questions fell into four main categories: Leadership, Work Schedule, Acuity and Staffing, and Personal Barriers.
         1. Respondents felt that a lack of support for off-shifts and time off work negatively impacted self-care.
         2. Self-care activities were limited by difficulty accessing services if it required significant ravel from home, in addition to balancing working long, rotating shifts.
         3. High acuity and poor staffing required nurses to work additional hours, leaving little time for self-care or toolkit utilization.
         4. Most often, nurses reported feeling guilty for performing self-care and self-compassion activities that impacted their time with their friends and loved ones.

• Conclusion and Implications
  1. Combatting 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.
  2. 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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**Author Summary:** Victoria Reiser is a nurse at UPMC Shadyside in Pittsburgh, Pennsylvania on the stem cell transplant unit and an Adult-Gerontology ACNP DNP student at the University of Pittsburgh. She also has minor in Leadership Studies from West Virginia University, where her thesis project was to create a mentoring program for the students in the undergraduate nursing program. She is a co-chair for her evidence-based practice council and has taught students and precepted multiple new hires.

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**Author Summary:** Judy is a professor at the University of Pittsburgh School Of Nursing, coordinator for the Health Systems Executive Leadership DNP program. She earned a DNP and BSN from the University Of Pittsburgh, a Master's in Public Management from CMU, and is a graduate of Wharton Executive Leadership Program. She held CNO/VP/COO/CEO positions in healthcare organizations. Certifications: Nurse Executive, Advanced: Board Certified and ANCC certification/Magnet consultant. Professional organizations: Sigma Theta Tau (ETA Chapter: Treasurer), AONE, SWPONL.