Compassion fatigue (CF) is a form of secondary traumatic stress and burnout (Figley, 1995). CF is experienced as emotional and physical erosion on a personal level, and occurs when helping professionals are unable to refuel or regenerate (Johson, 1992; Figley, 1995). As CF most commonly occurs during and/or following prolonged interactions with individuals who are in distress, it is also thought to be the result of stress coupled with ongoing self-sacrifice (Potter et al., 2013). The prevalence is particularly high in oncology settings (Potter et al., 2013; Vachon, 2012; Yu, Jiang, & Shen, 2016). The ‘cost of caring’ intensely impacts on patient and organizational outcomes in that caregivers become unable to nurture or empathize with persons in their care (Figley, 1995). The results can impact on patient satisfaction, patient safety due to increased sick days and reduced productivity of staff, along with higher turnover rates (Hooper, Craig, Janovits, Wetsel, & Bertels, 2010). Initially thought to only be a nursing related phenomenon (Johson, 1992) it is now known that all healthcare providers are at risk for CF (Hooper et al., 2010).

A six-week pilot CF resiliency (CFR) program was developed and offered to interprofessional healthcare providers and staff at a regional cancer centre in Ontario, Canada. The intervention was offered as a two-hour program after the workday in the hospital setting and based on the CF - Accelerated Recovery Program (ARP) (Gentry, Baranowsky, & Dunning, 2002; Traumatology Institute, 2012).

The purpose of this presentation is to examine the design used for this research and discuss the best ways to achieve victories and avoid research hazards when doing workplace interventional studies.

Introduction

Compassion fatigue (CF) is a form of secondary traumatic stress and burnout (Figley, 1995). CF is experienced as emotional and physical erosion on a personal level, and occurs when helping professionals are unable to refuel or regenerate (Johson, 1992; Figley, 1995). As CF most commonly occurs during and/or following prolonged interactions with individuals who are in distress, it is also thought to be the result of stress coupled with ongoing self-sacrifice (Potter et al., 2013). The prevalence is particularly high in oncology settings (Potter et al., 2013; Vachon, 2012; Yu, Jiang, & Shen, 2016). The ‘cost of caring’ intensely impacts on patient and organizational outcomes in that caregivers become unable to nurture or empathize with persons in their care (Figley, 1995). The results can impact on patient satisfaction, patient safety due to increased sick days and reduced productivity of staff, along with higher turnover rates (Hooper, Craig, Janovits, Wetsel, & Bertels, 2010). Initially thought to only be a nursing related phenomenon (Johson, 1992) it is now known that all healthcare providers are at risk for CF (Hooper et al., 2010).

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Conclusion

Mixed methods designs can acquire rich data on areas that are not well researched. Use of this methodology can be complicated but truly does allow for a more complete analysis of the situation. Strict follow up and pre-assessment of any used data collection instruments to ensure no errors is required when they are produced outside of the academic setting. Acquire a written agreement about support when doing shared clinical research outside of an academic site to ensure that management changes do not impact on outcomes. When doing work with interdisciplinary teams be cognisant that open dialogue in group setting may be limited due to professional difference of opinions and potential trust issues. When setting the schedule for data collection take into consideration timing. Do not attempt to do data collection on the day of any intervention due to participant fatigue. Interprofessional intervention studies have great potential to build teams, however, close attention to details is required to ensure success of the programs and the research components.

Further research is required on best practices for this unique type of research and using areas outside of academic settings.

References


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The ‘Cost of Caring’ for cancer patients: Mixed methods research Victories and Hazards

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