Confronting Compassion Fatigue: Assessment and Intervention in the Inpatient Oncology Setting

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Background

Compassion Fatigue (CF) • Carla Joinson (1992) first identified CF in the emergency department • Negative psychological/physical consequences from acute/prolonged caregiving of people (Bush, 2009) - hard labor rather than a labor of love (Showalter, 2010)

CF Characteristics • Lack of energy, diminished performance, unresponsiveness, apathy, callousness, indifference (Abendroth & Flannery, 2006; Coetzee & Klopper, 2010)

Reducing CF • Providing opportunities for staff to discuss death with peers, nursing leaders or pastoral care (Aycock & Boyle, 2009; Becze, 2012; Hildebrandt, 2012)

Conceptual Model

Objectives

1. Assess level of CF indirect care providers
2. Determine difference in level of staff CF between units and between direct care providers
3. Determine difference in level of CF from baseline to completion
4. Identify if the intervention has an impact on satisfaction scores

Methods

Design • Mixed-method sequential design
Setting • NCI-designated Comprehensive Cancer Center in the Midwest: Two medical and two blended medical-surgical units
Sample • Pre: 69 registered nurses (RN), 35 oncology care associate (OCA) and 2 other • Post: 88 RN, 42 OCA and 2 other
Instruments • Professional Quality of Life Scare Version 5 (Stamm, 2009) • Project Director developed demographic survey pre/post intervention. • Press Ganey® Patient Satisfaction Survey

Intervention

Structured, facilitated debriefing sessions (by supervisors and chaplain) for patient care staff after a patient death. Three questions were used to guide debriefings:
1. How did you help the patient/family through this transition?
2. What example of collaboration was most noteworthy in this patient experience?
3. What impact will this patient’s death have on you?

Results

1. Staff average (M = 40.81) compassion satisfaction (CS), low (M = 22.50) burnout (BO), and average (M = 24.17) secondary traumatic stress (STS) pre-intervention
2. No significant differences in BO or STS between units/staff type
3. 16 patient deaths/15 debriefing sessions; 42 staff participated in the sessions; 59.5% of the participants thought they were helpful

4. No significant difference in BO or STS between staff who participated in debriefings and those who did not.
5. Participants had significantly higher CS, t (86) = 3.221, p = .002
6. No difference in patient satisfaction scores pre/post intervention, after controlling for death rate.
7. Post-intervention, staff average (M = 41.87) CS, low (M = 21.61) BO and low (M = 22.18) STS.

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References

Becze, E. (2012). To retain oncology nurses, offer grief resolution. ONS Connect, October, 16-17.