■ Article

Nursing Burnout Interventions:
What Is Being Done?

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Many studies have documented high prevalence of burnout and compassion fatigue in oncology nurses. Burnout has detrimental effects on nurses, patients, and healthcare organizations. However, burnout interventions have been shown to improve the physical and mental health of nurses, patient satisfaction, and the organizational bottom line by reducing associated costs of burnout. Although treatment centers may prevent and correct burnout in oncology nurses by providing various interventions, few articles focus on those interventions. This article compiles and describes interventions that will serve as a reference to nurses and healthcare organization leaders interested in implementing similar programs.

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When nurses reflect on their reasons for choosing oncology, they may recall the pleasant memories and positive rewards that come from helping special people along the cancer journey. However, there may be less reflection on difficult memories of witnessing death, patient and family suffering, and the emotional burdens of losing patients, which may lead to compassion fatigue and burnout (Vachon, 2010). Compassion fatigue occurs when caregivers unconsciously absorb the distress, anxiety, fears, and trauma of the patient (Bush, 2009). Compassion fatigue often is a factor in nursing burnout. Burnout is defined as a prolonged response to physical or emotional stressors that result in feelings of exhaustion, being overwhelmed, self-doubt, anxiety, bitterness, cynicism, and ineffectiveness (Maslach & Leiter, 2005).

The prevalence of burnout is high in oncology nursing clinical settings with high emotional demand (Barnard, Street, & Love, 2006; Potter et al., 2010). According to a study conducted at Memorial Sloan-Kettering Cancer Center (N = 153), 44% of inpatient oncology nurses reported some degree of burnout (Emanuel, Ferris, von Gunten, & von Roenn, 2005). Burnout negatively impacts the physical and emotional health of nurses; organizational costs; and patient satisfaction, outcomes, and mortality (Aiken, Clark, Sloane, Sochalski, & Silber, 2002; Lee et al., 2007).

Psycho-oncology leaders conclude that cancer centers must explore ways to reduce work stress so that professionals are emotionally equipped to effectively communicate and provide support to patients (Kash et al., 2000). The positive effects of person- and work-directed burnout interventions may be apparent from six months to two years after implementation (Marine, Ruotsalainen, Sierra, & Verbeek, 2006). The current author conducted PubMed and CINAHL® searches using the terms *burnout*, *compassion fatigue*, *oncology nursing burnout*, and *burnout interventions* to explore existing literature on these topics. The purpose of this article is to describe burnout interventions (see Table 1) and provide guidance to oncology nurses and organizations interested in implementing similar programs.

Burnout Interventions

Aycock and Boyle (2009) examined existing interventions to manage compassion fatigue in oncology nurses by surveying 231 Oncology Nursing Society chapter presidents, with 103 responses. Twenty-two percent or fewer respondents had

TABLE 1. Summary of Nursing Burnout Interventions

Source	Intervention
Adams & Putrino, 2010	An expressive writing workshop encouraged self-care by presenting participants with information on ways to ground expressive writing and participate in expressive writing exercises.
Aycock & Boyle, 2009	Interventions included employee assistance programs, on-site retreats (e.g., facility campus, conference room), and off-site retreats (e.g., beach house, local education center, river resort). Resources for funding those retreats could include local Oncology Nursing Society chapters, educational funds, institution budgets, pharmaceutical company grants, or other donated funds.
Bauer-Wu, 2005	Retreats were held outside the work setting with participants' choice of four experiential break-out sessions: "Keeping the Hope," which used art, imagery, and story to restore hopefulness as a self-care practice; "Coming Home to Your Body," which used therapeutic movement; "Being Peace," which used mindfulness meditation to foster peace and balance in everyday life; and "What Matters Most," which fostered self-reflection and expression through collage and writing. Retreats also included free afternoon time with the opportunity for all participants to receive a massage; an evening of live entertainment with singing, dancing, and laughing; and a morning Yoga class or the option to take a walk or sleep in.
Cohen-Katz et al., 2005	An eight-week mindfulness-based stress reduction program aimed to improve relaxation, self-care, work and family relationships, and ways of dealing with difficult emotions.
Hayes et al., 2005	Interventions included a mentoring program designed to support minority nurses entering oncology; oncology nursing grand rounds, spirit rounds, and reflective practice rounds; narratives for individual reflection on practice; ambulatory nursing retreats for reflection and renewal; and individual meetings with a psychiatric clinical nurse specialist for new graduates.
Lambert & Steward, 2007	The overnight retreat began with dinner and an evening of fun and laughter using room and table assignments to pair staff that normally do not interact. This was followed by a full day of team building facilitated by an expert. Topics included understanding team dynamics, personal behavior styles, communication with others, and creating safe environments that foster candid communication.
LeBlanc et al., 2007	The intervention included a kick-off program followed by three-hour programs each month for six months with an introduction and questionnaire on work situations, communication, and feedback. In addition, program topics included building social support, balancing job-related investments and outcomes, solving problems through team action planning, and identifying potential problems and solutions for dealing with change. Program counselors met with participants prior to the program to gather information on the organization's structures and policies as well as management's perception of the main source of job stress.
Medland et al., 2004	Day-long retreats held away from the clinical areas included interactive and informal presentations on wellness, bereavement, developing stress management skills such as relaxation, journaling, cultivating team effectiveness, and art-making activities. Participants also viewed a videotape on positive management philosophy and discussed a framework for incorporating stress management and self-care into practice. Practice changes to decrease burnout and increase ongoing focus on staff support at the facility were implemented based on ideas generated.
Potter et al., 2013	Nurses attended a five-week program that involved five 90-minute sessions on compassion fatigue resilience.
Walton & Alvarez, 2010	A four-hour workshop was conducted by a psychiatric clinical nurse specialist and included an experiential exercise focused on letting go of fatigue using imagery with soft music, tea lights, and singing bowls on the altar of the hospital chapel, with mantras and oil therapy with singing bowls for balance and well-being. Afterwards, participants gathered in a classroom to share a meal and continue fellowship.

on-site resources such as employee assistance programs (EAPs), pastoral care, counselor or psychologist, psychiatric clinical nurse specialist, or support groups (Aycock & Boyle, 2009). Those with EAPs had three free visits available per year with a discount for ongoing services. EAPs provide counseling to help employees deal more effectively with emotional health issues (for more information on EAPs, visit www.eapassn.org/files/public/EAPAS TANDARDS10.pdf). The lag time between request and scheduled time available for an appointment was a barrier to obtaining other counseling services (Aycock & Boyle, 2009). Only 5% of respondents reported exposure to staff support groups that were rarely continued over time (Aycock & Boyle, 2009). Although off-site retreats to promote renewal were experienced by only a few respondents, qualitative data reflect the value of these retreats to participants (Aycock & Boyle, 2009).

Medland, Howard-Ruben, and Whitaker (2004) described ways to foster psychosocial wellness in oncology staff by addressing burnout and social support in the workplace and conducting five full-day retreats with 150 oncology staff members. Bauer-Wu (2005) facilitated overnight staff renewal retreats with oncology nurses from a large cancer center located in the eastern United States. The goal of the retreats was to bring staff together outside the work setting to relax, have fun, revisit self-care and reflection, and rekindle spirits so that staff felt rejuvenated and professionally reinspired. Although no evaluation tools were used, the author reported that participants acknowledged appreciation for the unique experience of fun, personal growth, and knowledge (Bauer-Wu, 2005).

Lambert and Steward (2007) reported on a staff retreat located in the southeastern United States and identified goals for strengthening and reenergizing the team, clarifying roles and

expectations, and identifying unique contributions of each staff member to the team, after numerous previous attempts to improve work effectiveness and cohesion were unsuccessful. Participants felt the retreat was beneficial for building teamwork and leadership skills, and showed a 25% increase from previous scores in satisfaction with their job role, department, and management (Lambert & Steward, 2007).

Potter et al. (2013) studied the effects of a five-week program that involved five 90-minute sessions on compassion fatigue resilience. Thirteen oncology nurse participants had decreased secondary traumatization scores immediately after the program, which they maintained six months after the program's completion. Participants also had improved Impact of Event scores, showing a statistically significant improvement in compassion fatigue resilience from this intervention (Potter et al., 2013).

A psychiatric clinical nurse specialist in the southeastern United States provided compassion fatigue training and support to oncology nurses, presenting an overview of compassion fatigue and consequences with a handout on being mindful of the present, which generated positive feedback from participants (Walton & Alvarez, 2010).

An eight-week mindfulness-based stress-reduction program was offered to 25 nurses at a hospital and health network located in the eastern United States (Cohen-Katz et al., 2005). Qualitative and quantitative data from the study found the intervention to be effective in improving relaxation, self-care, and work and family relationships; however, at times, the process generated challenges like restlessness, pain, and dealing with difficult emotions (Cohen-Katz et al., 2005).

The use of journaling as a psychosocial wellness tool is sometimes forgotten. Adams and Putrino (2010) conducted an expressive writing workshop to promote self-care for about 40 oncology nurses. Participants were presented with information on permission, balance, privacy, honesty, silence, attention, structure, and reflection. The presenters also shared their experience of guiding expressive writing groups with patients with cancer and oncology health professionals (Adams & Putrino, 2010). The authors reported overwhelmingly positive response from patient group participants and from healthcare providers who used structured journaling.

LeBlanc et al. (2007) evaluated effectiveness of a team-based burnout intervention. The study sample included 664 staff members from 29 oncology wards in 18 general hospitals in

TABLE 2. Six Areas for Potential Burnout and Possible Solutions

Area	Disparities	Interventions
Workload Amount of work to complete in a day; frequency of surprising, unexpected events	• Feeling physically and emotionally drained at the end of the day • Doing it all alone • Skipping lunches and breaks	Taking a walk outside after lunch and for five minutes twice per day Interspersing paperwork between more demanding patient care rather than saving it all until the end of the day Increasing delegation and teamwork with other nurses to share care Increasing personal self-care behaviors outside of work Offering advanced technology and training to help reduce workload
Control Participation in decisions that affect work; quality of leadership from upper management	• Feeling hopeless or powerless about patient outcomes, death of young patients, futile care	Offering staff support and bereavement groups Providing on-site counselors and psychiatric advanced practice nurses Providing pastoral care for staff, patients, and families Putting up a bulletin board for sympathy cards, funeral cards, and patient thank-you notes
Reward Recognition for achievements; opportunities for bonuses or raises	• Forgoing a cost-of-living raise because of organizational cost cutting • Holding onto anger and resentment	Implementing clinical ladder programs to provide salary increases Offering other rewards, such as professional organization dues reimbursement and travel or tuition for educational workshop or advanced degree class work Looking for other jobs offering these benefits
Community Frequency of supportive work interactions; closeness of personal friendships at work	• Feeling disconnected from the rest of the team • Feeling like an outsider • Feelings of isolation and loneliness	Encouraging staff to voice feelings Increasing interactions in daily routines, staff meetings, or activities outside work (e.g., fund-raising, baby showers, unit or company T-shirts)
Fairness Management's dedication to giving everyone equal consideration; clear and open procedures for allocating rewards and promotions	• Feeling outside the favored group, supervisors playing favorites or having "pets"	Encouraging management education and improved practice Providing an annual retreat for staff and management Designating team leaders for projects Offering employee of the month rewards or other staff recognition Including self-evaluations in annual performance reviews
Values Potential to contribute to the larger community; confidence that the organization mission is meaningful	• Feeling that the focus on bottom line is higher than the focus on quality patient care or staff retention	Supporting charity events financed by the organization Writing newsletters to recognize altruism of employees Offering patient and family support groups Encouraging expressive patient and staff therapies like pet, art, music, Yoga classes, healing touch, and chair massage

Note. From *"Reversing Burnout: How to Rekindle Your Passion for Your Work,"* by C. Maslach, & M.P. Leiter, 2005. Retrieved from www.ssireview.org/images/articles/2005WI_Feature_Maslach_Leiter.pdf. Adapted with permission.

Implications for Practice

▶ Seek out emotional support and healthy coping programs to help prevent or correct oncology nursing burnout.

▶ Encourage organizations to implement and support interventions, such as retreats, therapy programs, and counseling services.

▶ Engage in self-care activities to decrease or prevent burnout.

the Netherlands. Participants in the experimental group felt significantly less exhausted than those in the control group immediately after the program and again six months later (LeBlanc et al., 2007).

Hayes et al. (2005) wrote about retention strategies implemented at large cancer centers in the eastern United States that decrease burnout and increase support for oncology nurses. All strategies were received with favorable outcomes, despite some initial implementation difficulties (Hayes et al., 2005). In addition, Maslach and Leiter (2005) recommended that individuals and organizations move from burnout to engagement by identifying in which of six areas (community, control, fairness, reward, values, and workload) a bad fit exists between people and their work. Employees take a survey to identify the mismatched areas, and managers target specific interventions based on the results (see Table 2).

Carroll-Johnson (2010) observed the topics of lateral violence, dealing with difficulties in nursing, mentoring, resilience, and self-care as themes in a wide variety of recent nursing journals. Carroll-Johnson (2010) noted the high personal demands of oncology nursing, and challenged readers to look around at coworkers; acknowledge the value of their own work; and recognize the work of colleagues with kindness, consideration, and support. Interventions should be developed targeting these areas to help decrease burnout in oncology nurses.

Conclusion

Burnout interventions for oncology nurses showed positive outcomes as measured by participant comments. However, one limitation of many of the interventions was the lack of objective measurement tools and experimental design to evaluate efficacy. Burnout and job stress have increased, in part, because of technology, insurance changes and demands, and the vast amount of new education needed to understand current and expanding oncology treatment and disease knowledge. Nurses may decrease or prevent burnout by practicing self-care and encouraging treatment centers to support burnout intervention programs. Organizations that implement burnout interventions may experience increased retention, reduced turnover and performance problems, and increase patient satisfaction.

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