Evidence-Based Strategies to Mitigate Compassion Fatigue Among Oncology Nurses

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Compassion fatigue (CF) is a form of secondary trauma resulting from various forms of distress in the workplace, eventually diminishing many healthcare workers’ ability to provide empathy and compassion for their patients (Compassion Fatigue Awareness Project, 2021; Lightbody-Warner, 2020). Depending on their nursing specialty, nurses’ risk of developing CF ranges from 22% to 45% (Jin et al., 2021). Reports have estimated that 37% of oncology nurses have experienced the signs and symptoms of CF, establishing oncology as one of the specialties of healthcare whose practitioners are at higher risk for developing this form of secondary trauma (Finley & Sheppard, 2016). The leading causes of CF are work-related stress, ethical dilemmas in the workplace, and more years of nursing experience (Duarte & Pinto-Gouveia, 2017; Pehlivan & Güner, 2020; Wells-English et al., 2019). If left unaddressed, CF can lead to physical and psychological problems (see Figure 1), resulting in burnout and high job turnover rates (Jarrad & Hammad, 2020; Wells-English et al., 2019).

Various psychological factors contribute to the development of CF. Oncology nurses may be empathetic toward their patients in an attempt to understand their patients’ perspectives. However, the work-related stress that oncology nurses may experience can detrimentally affect their ability to be empathetic, which makes them more prone to experience negative consequences associated with burnout and CF. With continuous exposure to trauma on the unit, including experiencing patients dying, being short-staffed, and feeling inadequate or not good enough during stressful and emotional situations, oncology nurses may become desensitized, judgmental, and less willing to meet patients’ needs because of the degree of personal stress in the workplace (Duarte & Pinto-Gouveia, 2017; Pehlivan & Güner, 2020; Wells-English et al., 2019).

In addition, as a result of caring for patients at the end stages of life and assisting them and their loved ones in the grieving process, oncology nurses may experience grief (Jarrad & Hammad, 2020). More experienced oncology nurses have a greater susceptibility to suffering from CF because they may have encountered this difficult scenario more times than less experienced nurses. They may have increased exposure to situations associated with grief and may also be more experienced with ethical dilemmas in the workplace (Wells-English et al., 2019). Ethical dilemmas commonly experienced by oncology nurses may relate to patient and family decision-making regarding end-of-life care, including treatments the nurse may believe are unnecessary.