



## 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)

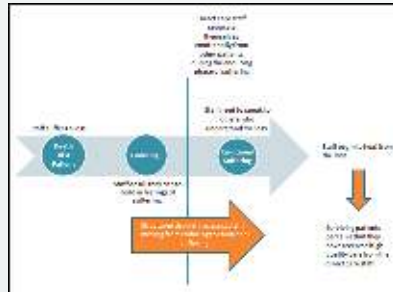
#### CF Characteristics

- 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



Derived from Praxis Theory of Suffering (Morse, 2001)

### Objectives

- Assess level of CF indirect care providers
- Determine difference in level of staff CF between units and between direct care providers
- Determine difference in level of CF from baseline to completion
- 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 Score 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:

- How did you help the patient/family through this transition?
- What example of collaboration was most noteworthy in this patient experience?
- What impact will this patient's death have on you?

### Results

- 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
- No significant differences in BO or STS between units/staff type
- 16 patient deaths/15 debriefing sessions; 42 staff participated in the sessions; 59.5% of the participants thought they were helpful

### Results (Cont.)

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

### References

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