The Cost of Caring: Compassion Fatigue in Hospice Nursing

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We grieve too: one inpatient oncology unit’s interventions for Stress, burnout, compassion fatigue, and mental health in hospice

Findings: Implementation: Design:

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moderate-to-severe anxiety, 60% reported moderate-to-severe stress of burnout and compassion fatigue and how they cope with these issues.

understand how stress affects the mental health of hospice workers in terms coping strategies the nurses adopt to prevent it.

nurses and palliative care nurses, as well as the nature of its effects and any coping strategies the nurses adopt to prevent it.

• Stress, burnout, compassion fatigue, and mental health in hospice workers in Minnesota (Whisnant et al, 2013)

• Design: Quantitative study

• Implementation: Cross-sectional survey of 547 hospice workers to better understand how stress affects the mental health of hospice workers in terms of burnout and compassion fatigue and how they cope with these issues.

• Findings: 15% indicating mild-to-moderate depression, 19.1% indicating moderate-to-severe anxiety, 60% reporting moderate-to-severe stress

• Stress management: physical activity, social support, staff retreats, relaxation exercises, massage, meditation, saying “no” more often

• We grieve too: one inpatient oncology unit’s interventions for recognizing and combating compassion fatigue (Fetter, 2012)

• Design: Qualitative study

• Implementation: Remembrance tree and journals provided to better support nursing staff and reduce the unit’s compassion fatigue

• Findings: 88% of nursing staff said initiatives helped to bring closure.

• From 2009-2011, RN turnover rate decreased from 12.1% to 7.5%

THE HYBRID MODEL

(Schwartz-Barcott & Kim, 2006)

IMPACT ON PROFESSIONAL GROWTH & DEVELOPMENT

Enhanced research skills to determine underlying themes in literature

Utilizing EBP to generate interventions that prevent compassion fatigue to meet nurse needs

Implementation of the Nursing Process through assessing nurse needs, planning interventions, implementing staff-appreciation event, and recognizing need to evaluate effectiveness for combatting compassion fatigue

Recommendations for Future Nursing Research

Exploring the impact of the “business of death” versus the “dignity of death” phenomenon in Hospice nursing

IMPACT ON PATIENT OUTCOMES

Improving the quality of end-of-life care

Reducing the incidence of compassion fatigue among nurses

Improving the well-being of patients and families

Effectively addressing the emotional and psychological needs of patients and families

Reduction in turnover rates

SUMMARY

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REFERENCES:


Theoretical Notes

Nurses are support systems for each other

Needs: recognition from supervisors through staff-appreciation events at change-of-shift, interventions to recognize losses, decorations

Contributing factors to CF: bearing witness to patient suffering, conflicting loyalties between patient and family, patient clinical status & end-of-life projections, related to patient, understaffing, business mentality, lack of appreciation, emotional attachments

ANALYTIC PHASE

Literature vs. Fieldwork

Similarities in Contributing Factors: difficult families, understaffing, emotional attachment to patient, lack of appreciation, patient clinical status, bearing witness to patient suffering, relating to patient, invalidated nurse losses

Differences

• Literature: Contributing Factors

• Lack of knowledge about C.F., Favoritism among staff, mismatching values between facility and staff members

• Literature: Interventions

• Boundary setting, exercise, meditation/mindfulness, expressive writing, music, Remembrance tree, spirituality, religion, Schwartz rounding

• Fieldwork: Contributing Factors

• Business mentality,” conflicting loyalties between patient and family

• Fieldwork: Interventions

• Humor, supportive relationships among staff

• Emerging Themes

• Coworker support and sense of community in work environment as coping strategies

• The “business mentality” of hospice nursing

• Need to address emotional and psychological needs of nurses through employee appreciation events or staff retreats

INTERVENTIONS

Implementation: Fieldwork and interventions implemented at local inpatient hospice facility

Flowers: Used to decorate documentation room. Bright colors create visually appealing scenery and encourage nurses to feel stimulated within the work environment.

Remembrance Tree: Used to provide nurses with opportunity to grieve the passing of a patient. Encourages nurse to validate their loss of the built relationship with the patient. Also facilitates sense of community among staff.

Staff Appreciation Event: Goodie-bags and breakfast provide the nurses with feelings of recognition and appreciation for their efforts to provide quality care at the end of life.

THEORETICAL PHASE

Professional compassion fatigue: what is the true cost of nurses caring for the dying? (Malin, 2012)

• Design: Descriptive qualitative study

• Implementation: Semi-structured interviews with six experienced hospice nurses from the northeast to explore the prevalence of CF among hospice nurses and palliative care nurses, as well as the nature of its effects and any coping strategies the nurses adopt to prevent it.

• Findings: Contributing Factors: Recurring exposure to death, families with intense emotional strain, strong emotional attachment to patient

• Coping Strategies- Setting boundaries, teamwork among co-workers, exercise, supportive supervisors/nurse managers

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FIELDFORCE PHASE

Methodological Notes

• Focus: Observe workday for the hospice nurse and learn more about compassion fatigue in this specialty. Specifically, how CF impacts nursing practice and interventions available to combat it.

• Plan: Interview questions; remain open-minded to recognize emerging concepts not found in literature.

Observational Notes

• Non-Therapeutic Environment: stark-white bare walls, understaffed

• Quotes: “Families are exhausting. Many are unwilling to accept the circumstances of a passing loved-one.”

• “It’s almost like a factory here. Someone dies, they fill a bed. Someone dies, they fill a bed. It’s a revolving door. The business mentality takes away from focusing on the true needs of the patient and their family.”

• “The nurses have each other, but that’s about it. There’s no expression of gratitude, emotional appreciation, emotional attachments

Theoretical Notes

• Nurses are support systems for each other

• Needs: recognition from supervisors through staff-appreciation events at change-of-shift, interventions to recognize losses, decorations

• Contributing factors to CF: bearing witness to patient suffering, conflicting loyalties between patient and family, patient clinical status & end-of-life progression, related to patient, understaffing, business mentality, lack of appreciation, emotional attachments

INTRODUCTION

Compassion fatigue has negative effects on the health and well-being of nurses.

It indirectly impacts patient safety and the dignity of the end-of-life experience.

CF is associated with high costs for healthcare systems as an antecedent to burnout and high turnover rates.

The cost of caring: Compassion fatigue in Hospice nursing

Stephanie O’Neil, College of Nursing, University of Rhode Island

PURPOSE

• To explore the concept of compassion fatigue in hospice nursing practice through fieldwork and concept analysis

• To implement an intervention that meets the specific needs of nurses in regards to preventing compassion fatigue

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ADDITIONAL INFORMATION

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