Clinical Practice Question & Guidelines on Nursing Burnout & Compassion Fatigue

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Clinical Practice Question

The clinical practice question proposed by this researcher is: “What effect(s) does a therapeutic retreat have on burnout and compassion fatigue in oncology nurses?”

Population

The population being studied is oncology nurses. A sample of 14 oncology nurses working in the state of Ohio will be randomly selected to participate in the therapeutic retreat. This study may be replicated with additional oncology nurse samples and nurses from other specialties. It may serve as a model to employers for providing annual retreats to prevent and correct nurse burnout and compassion fatigue.

Practice Guideline Search Process

A literature search was conducted using CINAHL, MEDLINE, and PSYCHInfo databases along with articles obtained from Really Simple Syndication (RSS) feeds and hand selection using the search terms of “nurse burnout guidelines,” “nurse compassion fatigue guidelines,” “position papers on nurse burnout and compassion fatigue,” “nurse self-care guidelines,” and “clinical guidelines on treating burnout and compassion fatigue.”

It was difficult to find specific practice guidelines to answer the clinical practice question. Articles and sources were selected if they contained suggested interventions to prevent or correct nurse burnout and compassion fatigue.

There were no professional nursing organization guidelines, government healthcare agency guidelines, and no international guidelines specific to treating burnout and compassion fatigue in oncology nurses or in any other health professional group. Perhaps this study will generate guidelines appropriate for submission to the United States Department of Health and Human Services (HHS) Agency for Healthcare Research and Quality (AHRQ) National...
Guidelines Clearinghouse (NGC). In order for the NGC to accept clinical guidelines, they would have to first be submitted and endorsed by a professional organization, since individual submissions are not accepted (National Guidelines Clearinghouse, n.d.).

**Guidelines Grading Method**

The grading method of O’Neil, Dluhy, Fortier, & Michael (2004) was very helpful since guidelines existed primarily in journal articles and websites. In the comments section of the grading table, this researcher listed a brief summary of how the source explains guidelines related to the clinical practice question and topic. Though most of the numerical levels are applicable to reviewing literature and various research methodologies, level VII, opinion of authorities and expert committees, fits most national guidelines and related articles. The letter grade for most of these items is A or B, indicating strong support for recommendations on nurse burnout and compassion fatigue clinical guidelines.

**Findings from Guidelines Evaluation**

There were many guidelines and articles on staff patient ratios, patient safety and satisfaction, and hospital acquired infections developed as a result of nurse burnout (Aiken, Clarke, Sloane, Sochalski, & Silber, 2002). However, there were no guidelines specific to the research question. The Royal College of Nursing in London, England published a guide for nurses on managing stress (RCN, 2005). This booklet was an intervention developed out of concern for the number of nurses seeking counseling for occupational stress.

An international palliative care knowledge network, provided self-care guidelines (Care Search, n.d.):

- help compartmentalize work from the rest of life
- identify ways to leave the job behind
• clarify establish professional boundaries
• promote emotional and physical health
• include regular self-care techniques for managing stress (Care Search, n.d.).

Care Search recommendations for healthcare settings included the following:
• have a process for actively managing distress and dysfunction in staff members
• create opportunities for debriefing
• focus on effective teamwork
• promote areas of work autonomy for staff, and recognize achievements
• promote a workplace culture which supports a balance between home and work life
• encourage staff to set appropriate limits on expectations
• provide access to confidential supportive services
• encourage experienced clinicians to model good self-care practices, as well as mentor more junior staff, and explicitly teach self-care skills (Care Search, n.d.).

The American Holistic Nurses Association (AHNA) published information on prevention and correction of nurse burnout through self-awareness and self-discovery (AHNA, 2012). The AHNA quoted various experts on nursing self-care and provided the following definitions:

“Self-care is...**body**: exercise, grooming, massages, breathing, yoga, conscious eating;
**mind**: quiet contemplation, meditation, focusing on the moment, healing music, laughter;
**spirit**: meditation and prayer, reading spiritual literature, listing positive things in your life, random acts of kindness,” (AHNA, 2012).

Further information on this professional organization relevant to the clinical practice question included:
“The AHNA grew out of the need to heal the healer and prevent nursing burn-out. Nursing is a profession with substantial pressure; the AHNA is an organization addressing the needs of the nurse. Holistic Nursing is one of the only nursing professions with self-care at its theoretical foundation. Self-care is holism; being aware of mind-body-spirit as one

Self-care includes holistic self-assessment, personal development, and awareness of being instruments of healing. Holistic nursing creates the foundation for others to heal. The public demands alternatives to conventional healthcare: holistic health is the answer” (AHNA, 2012).

The AHNA’s Holistic Nursing Scope and Standards of Practice could be modified as clinical practice guidelines for nurse self-care and prevention and correction of nurse burnout and compassion fatigue (AHNA, 2007). Holistic nursing is recognized as a specialty by the American Nurses Association (ANA).

Though the ANA has no position statement or guidelines on nurse burnout and compassion fatigue, there is a landmark article published in the ANA online journal written by Deborah Boyle, an expert in oncology nurse burnout and compassion fatigue. Boyle’s recommendations would make excellent nurse burnout guidelines for employers:

• Provide on-site counseling by a psychiatric advanced practice nurse or therapist trained in the provision of emotional support for healthcare providers experiencing real or potential compassion fatigue. Employee assistance programs can also provide support.

• Support groups offered during evening or weekend hours, or in retreat settings may have better attendance by staff.

• Provide de-briefing sessions can serve to identify helpful and non-helpful approaches to pivotal events in clinical practice.
• Art therapy integrated during the work day can provide a brief outlet from the intensity of caring work.

• Massage sessions also provide both mental and physical breaks from the stress of caregiving.

• Bereavement interventions such as: funeral attendance, memorial service participation, and the sending of sympathy cards to families, can help with grief resolution.

• Attention to spiritual needs is paramount as so much of the tragedy, sadness, and sense of futility that nurses may experience is associated with life and death issues (Boyle, 2011).

**Incorporating Guideline Recommendations into Clinical Practice**

The therapeutic retreat intervention planned by this researcher will incorporate Boyle’s guidelines in assisting oncology nurses to:

• establish work/life balance

• identify personal coping strategies

• develop caring communication styles

• establish boundaries in relationships with patients and families

• understanding family systems theory and family dynamics

• re-frame ‘difficult’ interactions with individual patients and families

• resolve interpersonal relationship problems in the work setting

• cope with ethical conflict and dilemmas

• utilize self-care strategies such as meditation and mindfulness (Boyle, 2011).

These guidelines are applied by this researcher to clinical practice as a psychiatric advanced practice nurse, particularly in psychotherapy sessions. This researcher has also utilized these principles in facilitating therapeutic retreats for grieving teens, breast cancer survivors, and
retreats for students, psychiatric and chemically dependent patients, and corporate groups. The guidelines have been applicable in work with the Fernside Center for Grieving Children and Families (n.d.), Casting for Recovery (n.d.), and in facilitating Reality Oriented Physical Therapy Services (ROPES) groups at Camp Joy (n.d.) and in other settings.

**Application to Evidence Based Practice Guidelines**

Evidence based practice guidelines for nurse burnout and compassion fatigue are lacking. Though the search did not produce specific guidelines, learning occurred in the area of application of theory and research to the study. This researcher had not been as knowledgeable about holistic nursing care and the professional organization, and will now join AHNA and order a copy of the scope and standards of practice. This author had a previous interest in complementary alternative medicine; writing this paper expanded that interest.

In conclusion, burnout and compassion fatigue impact recruitment and retention of oncology nurses and may influence patient satisfaction and patient safety (Potter et al., 2005). Encouraging self-care strategies and offering interventions within and outside the workplace address a key distinction of nursing practice, namely that of holistic care for patients and nurses (Boyle, 2011). Because of the semi-permeable boundaries unique to oncology nursing and high risk of developing burnout and compassion fatigue, oncology nurses need annual therapeutic programs like off-site retreats, in addition to more frequent support outlets. Clinical guidelines on nurse compassion and fatigue for employers should include all evidence based interventions proven to be effective in combatting the problem. Clinical guidelines on burnout and compassion fatigue for nurses already exist, though not in specific guidelines format. These guidelines should be submitted to the National Guideline Clearinghouse in order for more nurses and employers to utilize tools to prevent and correct nurse burnout and compassion fatigue.
Running head:  BURNOUT & COMPASSION FATIGUE GUIDELINES

References

Graded references are listed according to the following legend from O’Neil, Dluhy, Fortier, & Michael (2004):

**Legend**

- **Type**: R= Research  L= Literature  N= National Guideline
- **Levels**: I= Systematic Review of RCT, Systematic Review of Non-Randomized Trial
  II= Single RCT, Single Non-Randomized Trial
  III= Systematic Review of Correlational or RCT, Observational Studies
  IV= Single Correlational or Observational Study
  V= Systematic Review of Descriptive/Qualitative/Physiologic Studies
  VI= Single Descriptive/Qualitative/Physiologic Study
  VII= Opinion of Authorities, expert committees
- **Strength**: A= Good evidence to support a recommendation
  B= Moderate evidence to support a recommendation
  C= Poor evidence to support a recommendation


*Journal of Advanced Nursing, 47* (2), 134-142.

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<td>Camp Joy. (n.d.) <em>Leadership and development programs</em>. Retrieved from: <a href="http://www.camp-joy.org/leadership-development/programs">http://www.camp-joy.org/leadership-development/programs</a></td>
<td>L</td>
<td>VII</td>
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<td>Website of the setting for this study where this researcher facilitated bereavement groups and teen retreats that are a model for the study intervention with ROPES illustrations.</td>
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<td>Care Search. (n.d.) <em>Self-care concepts</em>. Retrieved from: <a href="http://www.caresearch.com.au/caresearch/tabid/2180/Default.aspx">http://www.caresearch.com.au/caresearch/tabid/2180/Default.aspx</a></td>
<td>R</td>
<td>VII</td>
<td>B</td>
<td>Guidelines put together by a professional group-Palliative Care Knowledge Network, based on their own expertise and review of literature from other international experts. The group is funded by the Australian government as part of the National Palliative Care Program.</td>
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<td>Fernside Center for Grieving Children &amp; Families. (n.d.) <em>About us.</em> Retrieved from: <a href="http://www.fernside.org/about/">http://www.fernside.org/about/</a></td>
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<td>National Guidelines Clearinghouse. (n.d.) <em>Inclusion criteria.</em> Retrieved from: <a href="http://www.guideline.gov/submit/index.aspx">http://www.guideline.gov/submit/index.aspx</a></td>
<td>N</td>
<td>VII</td>
<td>B</td>
<td>Provides information on how to submit clinical guidelines on “Nursing Burnout &amp; Compassion Fatigue” that would have to be sponsored by a professional organization. NGC is part of the Dept. of HHS &amp; AHRQ.</td>
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