

Feasibility and Impact of Physical Activity on Compassion Fatigue and Burnout Among Ambulatory Care Oncology Nurses

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BACKGROUND: Compassion fatigue (CF) and burnout are well described phenomena among oncology nurses. Physical activity (PA) has been shown to reduce CF and burnout.

OBJECTIVES: The purpose of this pilot study was to determine the feasibility of promoting PA and assessing its impact on CF and burnout among RNs across three ambulatory care cancer clinics.

METHODS: A convenience sample of nurses with varying roles were invited to participate. Feasibility was assessed by participant accrual and retention rates. CF and burnout were assessed at weeks 0, 6, and 12. The Yale Physical Activity Survey was used to obtain self-reported PA, and daily steps were tracked using participants' personal devices.

FINDINGS: Stress scores decreased. Burnout scores demonstrated levels of low emotional exhaustion, moderate depersonalization, and moderate to high personal achievement. Leisurely walking increased significantly, and average daily step counts increased by 37% for weekdays, 10% for weekend days, and 29% for the total week.

KEYWORDS

physical activity; compassion fatigue; burnout; ambulatory care oncology

DIGITAL OBJECT IDENTIFIER

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COMPASSION FATIGUE (CF) AND BURNOUT ARE SEPARATE but related phenomena that are well described among nurses. CF, referred to as “the cost of caring” (Sinclair et al., 2017, p. 12), encompasses exhaustion, frustration, anger, depression, and negative feelings exacerbated by fear and work-related trauma (Algamdi, 2022; Stamm, 2010a). The World Health Organization (2019) classifies burnout as an occupational disease described as feelings of exhaustion, negativity toward one’s job, and diminished productiveness. Stress among healthcare workers may lead to burnout syndrome, which is characterized as the presence of emotional exhaustion, depersonalization of patients, and a decreased sense of personal accomplishment (Gascon et al., 2013; Maslach & Jackson, 1981; Ortega-Campos et al., 2019; Schaufeli et al., 2009). Factors leading to higher levels of burnout include workload demands, resource shortages, lacking a sense of control over one’s work, work-life balance, alignment with organizational values, inclusivity, and meaning in work (National Academies of Sciences, Engineering, and Medicine, 2019; Shanafelt & Noseworthy, 2017; Sinclair et al., 2017).

Zhang et al. (2018) conducted a meta-analysis and estimated the prevalence of CF and burnout in nursing at rates of 52.6% and 52%, respectively. Studies have established the negative effects of CF and burnout on providers and the healthcare system (Dyrbye et al., 2017; Lown et al., 2019; Ortega-Campos et al., 2019; Peters, 2018; Xie et al., 2021). Consequences of CF and burnout for healthcare workers include decreases in patient satisfaction, quality of care, and productivity, and increases in medical errors, staff turnover, and nurses’ health problems (Dyrbye et al., 2017; McHugh et al., 2011; Mehta et al., 2021).

Background

Oncology nurses are often the foundation of the treatment experience for patients with cancer by building relationships of trust and rapport. Because of increasing patient acuity, treatment advances, staffing shortages, and emotional needs of patients, the demands placed on oncology nurses are exceedingly and historically high (Challinor et al., 2020). Limited resources, lack of management support, and high workloads lead to a greater risk for lower levels of compassion among oncology nurses (Hooper et al., 2010; Neville & Cole, 2013). Oncology nurses are more likely to suffer from