Preventing Compassion Fatigue in Hematology-Oncology Staff

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Key Findings:

- No compassion fatigue–related staff turnover occurred during or within 60 days after project implementation
- A 1.4% reduction in the compassion fatigue group mean score was revealed per the post-intervention Professional Quality of Life Scale survey
- Staff engagement in training and self-care activities ranged from 54-88%
- Feedback indicated the project was necessary, valuable, and a positive experience for staff
- An evidence-based compassion fatigue prevention bundle may represent an ideal pathway for mitigating compassion fatigue and strengthening workforce retention, thereby decreasing turnover-related costs
- The project established a practical, evidence-based framework for compassion fatigue prevention that is sustainable, scalable, and readily replicable across departments

Background and Purpose

Compassion fatigue (CF) is a challenge in hematology-oncology and is oftentimes overlooked due to competing priorities. CF negatively impacts workforce well-being, productivity, retention, patient outcomes, and organizational costs (Banks et al., 2025; dos Santos et al., 2024; Gu et al., 2025; Hussain, 2021; Manzanedo-Moreno et al., 2025; Wentzel et al., 2023). To mitigate CF, the literature suggests a three-pronged approach that includes targeted training, self-care, and organizational efforts.

Exit interview data from 2021-2025 revealed that 19% of nursing turnover at an adult outpatient hematology-oncology clinic in a large metropolitan area of North Carolina was attributed to CF. During a pulse check survey in the fall of 2025, 83% of surveyed nurses were found to be at moderate risk of CF. Moreover, the 2025 Culture and Safety Survey revealed a 30.6% decline in the percentage of staff who reported feeling that the organization cared about their well-being compared with the previous year.

The first aim of this evidence-based quality improvement (EBQI) project was to create and implement a comprehensive CF prevention bundle to reduce CF by 10% per the Professional Quality of Life (ProQOL-5) Scale. The second aim was to lower turnover costs. The third aim was to improve the 2026 Culture and Safety Survey scores.

Methodology

The Revised Iowa Model served as the evidence-based practice framework, The FISH! Philosophy guided project implementation, and Orem's Self-Care Deficit Nursing Theory provided the theoretical underpinning for the project. Participants completed demographic and pre-intervention ProQOL-5 surveys. A SharePoint site was created to house project news, events, and resources. Implementation lasted 12 weeks. Three training videos were created, and one video was released every four weeks on the SharePoint site for participants to watch asynchronously. Training topics included CF, resilience, and psychological safety. Chaplain-led self-care activities were each offered twice during the implementation period. These activities included boxed breathing, mindfulness, full body relaxation, and affirmations.

Ten-minute chair massages were provided via a local massage therapist once during implementation. Organizational efforts included leadership support, schedule flexibility, structured grief support, and work-hour offerings with clinical coverage. Engagement and staffing turnover were tracked, and verbal feedback was recorded. Emails, morning huddles, and a Teams chat were used to communicate with participants. Stickers and badge reels were created with the slogan “You are the reason” and distributed to participants as visual reminders. Participants completed a post-intervention ProQOL-5 Scale survey. Raw group data were analyzed at the aggregate level using descriptive statistics.

Results

Forty-three pre-intervention surveys revealed a group mean compassion satisfaction score of 41.6, a burnout score of 21.3, and a CF score of 21.1. Twenty-six post-intervention surveys revealed a group mean compassion satisfaction score of 41.8, a burnout score of 20.7, and a CF score of 20.8. CF decreased by 1.4%. No staffing departures attributable to CF occurred during implementation or within 60 days thereafter. Staff participation in training and self-care activities ranged from 54-88% with boxed breathing and chair massage tied with the most engagement. Leadership and staff feedback indicated that the project addressed a recognized need, was perceived as valuable, and was viewed as a positive experience. As expected, the annual Culture and Safety Survey results are pending Fall 2026.

Strengths and Limitations

Project strengths consisted of an intervention grounded in current literature, the use of a validated and reliable survey tool, and strong leadership support. The topic of CF was highly relevant to staff, and the use of a multimodal approach allowed the intervention to meet diverse needs and preferences.

Quick-response (QR) codes were embedded into each training video; however, the platform did not update QR code analytics, which restricted the ability to track participant engagement necessitating reliance on self-reported participation data. Other technological challenges included limited functionality

within the project site's Microsoft environment which constrained capabilities and needed administrative escalation.

Participants demonstrated a strong baseline performance, which may have hindered the ability to detect measurable change. A longer implementation period, with repeated measurement of ProQOL-5 Scale outcomes at defined intervals, may enhance the ability to observe meaningful trends. Additionally, the sample was homogenous, which may limit the generalizability of findings.

Although expected, it is important to note that results from the 2026 Culture and Safety Survey are pending, representing a gap in outcome metrics. Attrition likely reflected the influence of competing clinical demands and differential participant engagement.

Implications

Utilizing a CF prevention bundle may be seen as an ideal pathway to prevent CF in the hematology-oncology workforce. Also, it fosters a culture where staff well-being is a priority. A healthier workforce is better positioned to provide safe patient care. Using the CF prevention bundle may also lower staff turnover, thereby contributing to significant cost savings via workforce stability. Overall, this project demonstrates the feasibility of implementing a CF prevention bundle, strengthens the infrastructure for evidence-based nursing leadership and interdisciplinary collaboration, and contributes to sustained community access to care. Notably, two participants championed this effort beyond the project, and a new Wellness Committee has been created to sustain the effort within the department.

Recommendations

Recommendations include using consistent multimodal communication, engaging interprofessional teams, leveraging shared governance and champions, monitoring participation trends, and minimizing participant burden. Further recommendations include embedding the CF prevention bundle into orientation, daily workflows, and professional development, along with ongoing measurement of CF using a reliable and valid assessment tool.

Conclusion

The EBQI project showed the feasibility of implementing a multifaceted CF prevention bundle within an outpatient hematology-oncology setting. Although causality cannot be established, the findings suggest that a structured approach incorporating training, self-care, and organizational efforts was well received by participants and may contribute to promoting workforce well-being and stability. The project highlights the importance of organizational investment in CF prevention as a strategy to support staff working in an emotionally demanding environment, and using a CF prevention bundle may be seen as an ideal pathway to preventing CF. Sustaining these efforts through ongoing leadership support, routine integration into clinical practice, and continued evaluation may reduce CF, foster a culture of well-being, lower turnover-related costs, and ultimately support the delivery of safe patient care. Additionally, this project provides a scalable model that may be adapted across healthcare settings. Caring for those who care for others is essential to sustaining a healthy workforce.

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