

The Role of Emotional Support Programs in Reducing Compassion Fatigue Among Hospice Nurses

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1 Introduction

Compassion fatigue represents a significant occupational hazard for healthcare professionals, particularly those working in palliative and hospice care settings where emotional demands are consistently high. Hospice nurses, who provide care for patients at the end of life and support for their families, face unique psychological challenges that can lead to emotional exhaustion, diminished empathy, and reduced professional effectiveness. The cumulative effect of repeated exposure to patient suffering and grief, combined with the intense emotional connections formed with patients and families, creates conditions ripe for the development of compassion fatigue. While the phenomenon has been recognized in healthcare literature, there remains a critical gap in understanding how structured emotional support programs can effectively mitigate these effects specifically within hospice nursing populations.

Traditional approaches to addressing workplace stress in healthcare have often focused on individual coping strategies or brief educational interventions. However, these approaches may be insufficient for addressing the complex, multifaceted nature of compassion fatigue in hospice care. The present study introduces a novel, comprehensive emotional support program specifically designed for hospice nurses, incorporating elements from multiple therapeutic traditions and support modalities. This research addresses the pressing need for

evidence-based interventions that not only reduce negative outcomes but also promote professional growth and sustainability in this critical healthcare specialty.

This investigation was guided by two primary research questions: First, to what extent does participation in a structured emotional support program impact measurable indicators of compassion fatigue among hospice nurses? Second, what specific elements of emotional support programs do hospice nurses identify as most beneficial for managing the emotional challenges of their work? By examining both quantitative outcomes and qualitative experiences, this study provides a comprehensive understanding of how emotional support interventions can be optimized for this unique professional population.

2 Methodology

2.1 Participants and Setting

The study employed a mixed-methods design conducted over a six-month period at three hospice facilities in urban and suburban settings. A total of 45 hospice nurses participated in the study, with representation across various demographic characteristics including years of experience, clinical specialties, and work settings (inpatient hospice versus home-based care). Participants ranged in age from 28 to 59 years, with an average of 8.7 years of experience in hospice nursing. The sample included 38 female and 7 male nurses, reflecting the gender distribution typical in the nursing profession.

2.2 Intervention Program

The emotional support program implemented in this study was developed through an extensive review of literature on compassion fatigue, burnout prevention, and emotional resilience in healthcare professionals. The program consisted of four core components delivered through weekly 90-minute sessions over the six-month study period. The mindfulness-based stress reduction component incorporated guided meditation, breathing exercises, and body aware-

ness techniques adapted specifically for healthcare professionals. The narrative therapy techniques involved structured opportunities for nurses to reflect on and process challenging clinical experiences through writing and guided discussion. Peer support circles provided a confidential space for nurses to share experiences, challenges, and successes with colleagues who understood the unique demands of hospice work. Professional supervision sessions were conducted by licensed mental health professionals with expertise in grief, trauma, and healthcare workforce issues.

2.3 Data Collection

Quantitative data were collected using the Professional Quality of Life Scale (ProQOL), which measures compassion satisfaction, burnout, and secondary traumatic stress. Participants completed the ProQOL at baseline, at the three-month midpoint, and at the conclusion of the six-month program. Qualitative data were gathered through semi-structured interviews conducted with all participants at the beginning and end of the study period. These interviews explored nurses' experiences with emotional challenges, coping strategies, and perceptions of the support program. Additional data were collected through participant observation during support sessions and review of reflective writing exercises completed as part of the narrative therapy component.

2.4 Data Analysis

Quantitative data analysis employed repeated measures ANOVA to examine changes in ProQOL scores over the study period, with post-hoc tests to identify specific time points where significant changes occurred. Qualitative data were analyzed using thematic analysis, with an iterative process of coding, category development, and theme identification. The analysis sought to identify patterns in participants' experiences and perceptions regarding the emotional challenges of hospice work and the effectiveness of various support strategies. Integration of quantitative and qualitative findings provided a comprehensive understanding

of the program’s impacts and the mechanisms through which it influenced participants’ professional quality of life.

3 Results

3.1 Quantitative Findings

Analysis of ProQOL scores revealed significant improvements in all three measured domains over the six-month study period. Compassion satisfaction scores increased significantly from baseline (M=32.4, SD=5.2) to post-intervention (M=38.7, SD=4.1), $F(2, 88)=15.43$, $p<0.001$. Burnout scores decreased from baseline (M=27.8, SD=4.9) to post-intervention (M=22.1, SD=3.8), $F(2, 88)=9.27$, $p<0.01$. Secondary traumatic stress scores also showed significant reduction from baseline (M=26.5, SD=5.1) to post-intervention (M=21.3, SD=4.2), $F(2, 88)=7.89$, $p<0.01$. The most substantial changes occurred between the three-month and six-month assessments, suggesting that the benefits of the program accumulated over time rather than appearing immediately.

3.2 Qualitative Findings

Thematic analysis of interview data revealed three primary themes related to participants’ experiences with the emotional support program. The first theme, *normalized emotional expression*, encompassed participants’ descriptions of how the program created a culture where discussing emotional challenges was expected and valued rather than seen as a sign of weakness or professional inadequacy. Nurses reported that this normalization reduced feelings of isolation and self-doubt when they experienced strong emotional reactions to patient care situations.

The second theme, *shared experiential understanding*, highlighted the unique value of connecting with colleagues who faced similar challenges. Participants described how peer support circles provided validation and practical wisdom that differed from support available

from friends or family members outside the profession. The specific understanding that hospice nurses had for each other's experiences created a foundation for genuine empathy and effective support.

The third theme, *sustainable self-care practices*, emerged from participants' descriptions of how the program helped them develop personalized strategies for maintaining emotional wellbeing. Unlike previous attempts at self-care that often felt like additional responsibilities, the practices developed through the program were integrated into daily routines and professional workflows. Nurses reported that these practices felt authentic and sustainable rather than burdensome.

3.3 Integrated Findings

The combination of quantitative and qualitative data revealed several important patterns. First, the quantitative improvements in compassion satisfaction appeared closely linked to the qualitative experiences of normalized emotional expression and shared experiential understanding. Participants who reported the strongest sense of connection with colleagues and the most comfort with emotional expression tended to show the greatest improvements in compassion satisfaction scores. Second, reductions in burnout and secondary traumatic stress correlated with the development of sustainable self-care practices. Nurses who successfully integrated program techniques into their daily routines showed more consistent improvement in these domains throughout the study period.

4 Conclusion

This study demonstrates that structured emotional support programs can significantly reduce compassion fatigue among hospice nurses while enhancing their professional satisfaction. The findings suggest that effective interventions must address both individual coping strategies and organizational culture regarding emotional expression and support. The multimodal

approach used in this program, combining mindfulness techniques, narrative processing, peer support, and professional supervision, appears particularly well-suited to the complex emotional challenges of hospice nursing.

The original contributions of this research include the development of a comprehensive support framework specifically designed for hospice nurses, the identification of key mechanisms through which emotional support impacts professional quality of life, and the demonstration that sustained, multimodal interventions can produce meaningful improvements in both quantitative measures and qualitative experiences of compassion fatigue. These findings have important implications for healthcare organizations seeking to support staff wellbeing and retain experienced hospice nurses.

Future research should explore the long-term sustainability of these improvements, the potential for adapting similar programs for other healthcare specialties facing high emotional demands, and the organizational factors that facilitate or hinder successful implementation of emotional support initiatives. Additionally, investigation into the relationship between emotional support programs and patient care outcomes would strengthen the case for organizational investment in such initiatives.

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