

Childhood Illnesses Effects on Nurses Well-Being

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Abstract

Childhood Illnesses Effect Nurses Well-Being

Background and Objective: Throughout a nurse's career, they go through many different struggles and hardships. Most of these lead to mental health issues like compassion fatigue, burnout, or secondary traumatic stress. The purpose of this literature review is to explore the stress that oncology health care workers who are working with children are in and how it can affect their mental health. The objective of this is to allow others to become more aware, more prepared, and ways to prevent these mental health problems from happening.

Study Identification: Looking through several databases like Medline and CINAHL, the searched keywords that were used were: *compassion fatigue, burnout, secondary traumatic stress, nurses, oncology nurses, pediatric oncology nurses, mental health, coping, compounded grief, and theory of resilience*. A total of thirteen articles met the inclusion and exclusion criteria and were included in the analysis. All of the articles were published between 2015 and 2023.

Data Extraction and Synthesis: The sample of peer-reviewed publications were read and several key components were identified within each article. These included the purpose of the study, description of the sample population, research design, study findings and conclusions. A literature review table was used for further analysis and comparison between the research studies. The analysis concluded with identification of several themes that summarized the sample of articles used.

Results: After reviewing the articles, there were four different concepts that were found. These concepts were compassion fatigue, anxiety and depression, coping strategies, and stressors in their lives. These main themes were found as a result of this literature review which was supported the hypothesis of this research. This supports that oncology nurses will have poorer mental health, causing compassion fatigue, burnout, and secondary traumatic stress, because of treating patients such as children with severe illnesses.

Conclusions and Implications for Practice, Policy, and Research: In conclusion, there were four aspects that were looked at throughout the review, compassion fatigue, anxiety and depression, coping strategies, and stressors in their lives. Research showed that nurses experience a moderate amount of compassion fatigue. After looking through prior research, more research needs to be done in the two of the sections, anxiety and depression and stressors. Additionally, the practice should look at conducting research on self-care rooms and bringing more volunteer camps to the hospital.

Introduction

Individuals in the profession of nursing join to help others get better. Throughout the profession, nurses may face negative consequences that not only could affect their physical health but also their mental health. In nursing school, nurses learn how to take care of others, however, they do not always get taught ways to manage or deal with the stress, frustration, and mental impact the profession has on them. Maybe it is so they do not scare their students away which can potentially make them say that nursing is not for them. For whatever reason, there should be lessons, ways, or protocols that should be brought up on a nurse's mental health when dealing with very sick patients, especially very sick children. But you would never know they are going through those feelings when they walk into a patient's room.

Current research suggests, "An estimated 180,521 registered nurses (RN) and 23,399 pediatric advanced practice nurses (APRN) provide patient care in a hospital setting to a pediatric population in the United States" (Forsyth et al., 2021, p.9). In addition, according to studies, approximately 30% of pediatric nurses will experience burnout. (Berger et al., 2015). With the statistics above, out of the 23,399 pediatric nurses (Forsyth et al., 2021) in the United States, approximately 7,020 pediatric nurses will experience burnout. Nurses will continue to care for a patient after they have been affected by something they just witnessed but have to stay strong for the family, friends, and other patients they are caring for. With this being said, nursing is a very hard profession that is tough on the body physically and mentally. That causes many to suffer from compassion fatigue, burnout, and secondary traumatic stress (Forsyth et al., 2021).

When an individual becomes a nurse, it comes with commitment, compassion, and confidence. This can take a toll on nurses physically and mentally. Physically nurses go through long hours and days caring for patients who are sick in all different ways, for example, a patient

could just come in for a cold or they could be terminally ill. Nurses have to be prepared for everything that is thrown at them. This is especially important for nurses who are in the pediatric department and who are caring for children who are fighting cancer. These nurses go through the fight, the emotions, and the grief with the patients and their families, which puts a toll on their bodies. This can cause them to be sick to their stomach, causing them to experience nausea, vomiting, or diarrhea (Das et al., 2021).

Recent research examined health care workers who were caring for patients with COVID-19. They found that many health care workers “have developed physical symptoms like fever, headache, cough, hemoptysis, and diarrhea.” (Das et al., 2021, p. 2). In other words, because the nurses were so worried about their patients’ health, they would put their patients’ health in front of their own. This could be very dangerous for the health care worker. This is because nurses are often stubborn and want to continue to help others and tend to forget about caring for themselves. On the other hand, nurses also go through an emotional toll. This can directly relate to their mental health. Nurses care for their patients and as they continue to be present and there for them, they also go through the emotions like any patient or family member would go through. For example, a patient just passed away, the family is crying in the corner mourning the loss. The nurse could feel the same way, the nurse could be grieving because patients can touch nurses in positive ways. But, when one passes it can become hard for them, causing the emotional toll.

Another article found that many health care workers “have reported disturbances in sleep cycle due to the constant work stress, dealing with death and dying of patients and co-workers, chaotic work schedule and work cycle.” (Das et al., 2021, p. 2). In addition, experience

ng these emotions, like grief and sadness, due to a patient passing, another a patients or family struggling, and another patient being very sick; causes repeated grief. This grief is happening over and over again or becoming repeated, this is known as complicated grief which can cause compounded grief. Complicated grief is “characterized by intense grief that lasts longer than would be expected according to social norms and that causes impairment in daily functioning.” (Shear, 2015, p. 154).

Caring for very sick patients, particularly children, can cause a physical and emotional toll on nurses. These tolls on the body are experienced by the emotions for caring for someone’s loved one, and the grief that follows. Grief is a period of time “which begins after a person learns that a loved one has died” (Shear, 2015, p. 153). It is a natural human expression that helps you get through an experience of hardship in your life. This could happen when a family finds out their loved one is dying; or the family starts to undergo the mourning process and begin to experience grief. During the time of letting the families know about their loved ones, they are the only health care provider to help care for them and the patient in that moment. Health care providers, like nurses, are not considered in this grieving process.

Nurses encounter tough times like this every day of their careers, but often this goes unnoticed. They do not get the physical, emotional, and social support that they need to go through the stages of grief. This happened to many health care providers during COVID-19 (Das et al., 2021). During this time, they were limiting the amount of people that were able to attend places where one could grieve, for example being able to mourn one’s life at their funeral. This was very hard times for nurses, they had to work through the pain, which caused a drastic increase on health care workers experiencing mental health issues. According to an article it states that “about 34.4% of healthcare staff show mild mental health issues and 6.2% have shown

severe mental health issues. Studies have also reported burnout and high levels of fear among the healthcare staff.” (Das et al., 2021, p. 2). Even with this being said, nurses still experience mental health issues, like compassion fatigue, burnout, and secondary traumatic stress, before and after the pandemic.

Compassion Fatigue

Compassion fatigue, known as CF, “is characterized by feeling overwhelmed, unable to leave work behind, anxious, depressed, disillusioned, and more” (Forsyth et al., 2021, p.9). This occurs when health care providers (HCPs) put their patients’ health in front of their own throughout a long period of time. Even though health care providers are supposed to care for their patients they tend to care more for their patients than themselves. With this being said, their health tends to worsen without them even noticing because they are too busy worrying and caring for others all the time, that they forget to care for themselves.

An article states that “Compassion fatigue (CF) is often described as the cost of caring by those caregivers [i.e., healthcare providers (HCPs) who performs direct clinical activities with patients] who experience trauma and suffering, as well as a caregiver’s emotional burden of being unable to resolve suffering” (Berger et al., 2022, p. 867). In other words, this quote explains that caregivers are giving up the cost of their health, physically and mentally, for others who have trauma and are suffering. This causes providers to suffer from compassion fatigue.

When one develops compassion fatigue, it could be simple or extravagant. They could experience a few to many symptoms, depending on its severity. Once one has compassion fatigue some symptoms that they could experience “biological, physiological, and emotional exhaustion from prolonged exposure to another’s stress and suffering” (Forsyth et al., 2021, p. 9). However, compassion fatigue could be “linked with depression, exhaustion, anger,

frustration, decreased job satisfaction, intrusive thoughts, and hopelessness” (Berger et al., 2022, p. 867). These feelings can happen anytime throughout their lifetime, in their job or outside of their job and in their everyday life. In addition, some may not know when they are experiencing these symptoms. This makes their health worse. One cannot heal from something if they are unaware of what is going on. One cannot heal from something if they are not noticing the signs that are causing them to experience it. One cannot heal if they are not putting themselves first. When this happens health care providers start developing two other components, called burnout and secondary traumatic stress.

Burnout

“Compassion fatigue, which is closely associated with burnout, develops when a nurse absorbs the pain and suffering of patients and subsequently suffers from their distress” (Frankenfield et al., 2018, p. 569). Like compassion fatigue, burnout tends to happen when one puts others in front of themselves. However, burnout happens more due to the workplace and not the care that is done for patients, which is the main way to prevent this. But burnout still connects to compassion fatigue and even secondary traumatic stress. Healthcare providers are so worried about others that they don’t think about their own health.

Burnout can happen to anyone at any time. It doesn’t have to be because of a job or a workplace, but because the stress of school or a sport. However, we mainly see burnout in health care providers, for example nurses. Nurses work nonstop hours, caring for their patients, on their feet all the time, studying trying to help their patients. All of these examples cause one to become burnout. Most of the time, for nurses, burnout starts to happen when they are in nursing school and are starting their career. The hours of studying, classes, clinicals, and the late nights; all of this adds up to burnout. When one starts to experience becoming burnt out it tends to be

“characterized by anger, frustration, and depression related to work and develops over time, hence a cumulative effect” (Forsyth et al., 2021, p. 9). Since burnout happens overtime, these new nurses tend to start experiencing symptoms of burnout until a little after they start their nursing career (Forsyth et al., 2021). This is because of all their time and effort that goes into their schoolwork that caused them to not pay attention to their mental health needs.

Secondary Traumatic Stress

The last common problem that healthcare providers, especially nurses, experience is secondary traumatic stress (STS). Like said above, compassion fatigue and secondary traumatic stress are very similar. Both, secondary traumatic stress and compassion fatigue, are “a condition describing feelings of helplessness and/or emotional distancing while treating patients with trauma or devastating illnesses” (Kartsonaki, 2022, p. 2). Since healthcare providers, like oncology nurses, are caring for clients with cancer they see the progression, the emotion, and the sorrow, that goes on through the patients and their families, as they watch their loved ones go through the phases of cancer, which takes a toll on everyone.

As a nurse, all you do is hope for your patients to get better. You never want to see your client progress where they become so weak where they cannot get out of bed anymore. This causes healthcare providers to feel helplessness and emotional distancing from their patients. This is because once someone is about to pass away they are not sure what to do, how to help/care for the client, and start to distance themselves from others. This starts the trauma. When one feels like this, they start to have “feelings of confusion, exhaustion, weakness and isolation, which usually last more than a month, it affects the quality of life, and it is therefore considered an occupational hazard” (Kartsonaki, 2022, p. 2). Healthcare professionals need to

become aware of when secondary traumatic stress happens because it can cause HCPs to become unsafe to their clients, because of these emotions that they are experiencing.

Significance

The focus of this paper was to examine the relationship between caring for children who are facing serious illnesses and the nurses' mental health, specifically oncology. An oncology nurse is "a nurse who specializes in treating and caring for people who have cancer" (NCI, n.d.). Since many do not see nurses at their worst, this thesis will make people more aware of what nurses are feeling and going through. In addition, this paper will address some ways to improve nurses' overall well-being. This way readers will be educated on ways to help nurses who are dealing with these emotions and strategies that nurses can use to improve their mental health. This article will be beneficial for readers to become educated on the nurses' mental health in the pediatric setting. Furthermore, this research is a way to reach out to beginner nurses to help them get prepared for what is to come in the future. It will help them find ways to deal with stress, anxiety, guilt, along with the many other emotions that come with the job.

It is known that nurses, like oncology, have a higher chance of going through compassion fatigue, burnout, and secondary traumatic stress many times throughout their careers (Sullivan et. al., 2019). But what is the main reason for these things to happen to their mental health? Could it be something outside their job? Could it be related to their job? It could be either. How do nurses grow from having a poor mental health? My thesis will investigate the way nurse's mental health is affected when treating children with illnesses, such as cancer. With this being said, the hypothesis of this research is that oncology nurses will have poorer mental health, causing compassion fatigue burnout, and secondary traumatic stress, because of treating patients such as children with severe illnesses.

Conclusion

In conclusion, the overall goal of this review is to stress the importance of mental health for oncology nurses in the pediatric field. The purpose of this thesis is to review the literature that is looking at the stress of oncology health care workers who are working with children and how it can affect their mental health. In other words, this review will help health care providers become aware of how common compassion fatigue, burnout, and secondary traumatic stress is for caregivers and how they can prevent and become more aware of the signs of these before it becomes severe. This will help educate and promote awareness on the subject of mental health on nurses in general in addition to the oncology setting. In addition, this will help readers understand the effects of how caring for sick children can majorly affect a nurse's mental health, for example compassion fatigue, burnout, and secondary traumatic stress.

Background

Registered Nurses (RN)

In 2023, research study was collected for the statistics of nurses in the world, the United States, and each state within the U.S. This research states that in 2023, there are “approximately 27 million nurses in the world” (Wiesen, 2023), making “up almost 50% of the workforce in the world.” (Wiesen, 2023). Although there are 30 million in the world there are never enough. Looking at just the United States, there are approximately 5.4 million nurses throughout the country (Wiesen, 2023). Out of the 5.4 million, about 3 million are Registered Nurses (RNs) (Wiesen, 2023). According to this research, out of all of the health care workers in the United States, nurses are ranked number one (Wiesen, 2023). In other words, this means in the United States, there are more nurses than any other health care worker. Looking even further, how many of these nurses are experiencing a mental illness? Well, studies show that approximately 30% of nurses will experience burnout. (Berger et al., 2015). This means that at least, 900,000 registered nurses are at an increased risk of or will experience burnout throughout their career.

Nurses are responsible for helping and providing care for their patients to help them get better. “Nurses are responsible for recognizing patients’ symptoms, taking measures within their scope of practice to administer medications, providing other measures for symptom alleviation, and collaborating with other professionals to optimize patients’ comfort and families’ understanding and adaptation.” (ANA, 2016). Nurses care for their patients with compassion and dedication no matter the number of hours they’ve worked, how tired they are, how burned out they are. They are always there for caring for their patients. All nurses have the same responsibilities, compassion, dedication, and work ethic for the job, they all have different roles. Depending on which area of nursing one is interested in you will have different tasks, roles, or

outcomes that need to be completed. For example, Oncology Nurses, have very different roles and responsibilities.

“Roles and responsibilities for care at the end of life are grounded in the fundamentals of excellent practice and clinical ethics. Respect for patient autonomy is an important dimension of clinical decision-making, including at the end of life. While often rewarding, care of patients and families when a person is dying is demanding work that requires the nurse to marshal professionalism and compassion while honoring the nurse’s personal integrity.” (ANA, 2016).

This can make oncology nurses at a higher risk to experience compassion fatigue and then unfortunately burnout.

Oncology Nursing

Over the past few decades, cancer has become the leading cause of death in the world (Cummings et al., 2018). Oncology nursing has evolved throughout the years; from “general nurses caring for patients with cancer, using primarily bedside and comfort measures,” (Cummings et al., 2018), to the 1940s where “...the development of oncology nursing as a specialty with a defined knowledge base, supported by research and expert practice.” (Cummings et al., 2018). Now in the United States there are approximately 1.7 million oncology nurses (Zippia 2023). Oncology nurses care for patients who are at risk for or have been diagnosed with cancer (Johnson&Johnson, 2024). Like said above, oncology nurses have to care for patients who are almost at the end of life, which puts them more at a risk for compassion fatigue which then leads to burnout.

“Compassion fatigue, which is closely associated with burnout, develops when a nurse absorbs the pain and suffering of patients and subsequently suffers from their distress.

Oncology nurses, who continually are exposed to the intense physical, mental, and emotional suffering of their patients are particularly vulnerable to developing the characteristic symptoms of emotional exhaustion, cynicism, and depolarization or emotional detachment. These symptoms, which result from chronic distress, not only erode the well-being of nursing staff, but they also have been shown to negatively affect the quality of patient care” (Frankenfield et al, 2018, p. 569).

Compassion fatigue is seen more within oncology nurses (Zhang et al., 2022) because they are absorbing the pain and suffering (Frankenfield et al, 2018) that their patients are experiencing. On the other hand, burnout is “more gradual, is associated with hopelessness and difficulty doing ones work.” (Berger et al., 2022, p. 867). Since nurses are experiencing compassion fatigue due to the emotional toll that has been placed on them from caring for these patients it causes them to become burned out, hopeless, and start to have a hard time doing their work.

Pediatric Oncology Nursing

Like stated above, being an oncology nurse is caring for patients who are at risk for or have been already diagnosed with cancer (Johnson&Johnson, 2024). However, a pediatric oncology nurse is a nurse who is caring for children who is at risk for or that have been diagnosed with cancer. The roles between the two remain the same however, pediatric oncology nurses are working with children.

This can be traumatizing for some nurses. It could hit to close to home because of their children at home. It could be the repeated loss of the patients. It could be the hardship when watching the parents go through the loss of the child or loved ones. All of these examples can lead to compassion fatigue or burnout in pediatric oncology nurses. Unfortunately, “Approximately 2,200 children and adolescents die a cancer-related death each year in the United States;” (Hinds

et al., 2004, p. 175). This repeated grief causes worsening compassion fatigue and burnout, and with this recurrent grief it tends to turn into complicated grief.

Complicated Grief

Like said prior, complicated grief is “characterized by intense grief that lasts longer than would be expected according to social norms and that causes impairment in daily functioning.” (Shear, 2015, p. 154). This type of grief is also known as prolonged grief disorder and can happen when one loses a loved one (Shear, 2015). Typically, this type of grief does not happen that often, but can happen to anyone who is experiencing a sudden loss, a death of a partner, a loss of a child (Shear, 2015). However, this does not mean that it cannot happen to others. For example, nurses, if a nurse becomes very close to a patient and their family because they have been caring for that child for a while and the child suddenly passes away, the nurse, as well as the family, could experience complicated grief.

Complicated grief is the “persistent, intense yearning, longing, and sadness...” (Shear, 2015, p. 154). Someone with complicated grief may be experiencing, “insistent thoughts or images of the deceased and a sense of disbelief or an inability to accept the painful reality of the person’s death” (Shear, 2015, p. 154). They may also have rumination (Shear, 2015), or they may avoid situations that remind them of their loved one (Shear, 2015), or they may try and “hold onto the deceased person by constantly reminiscing or by viewing, touching, or smelling the deceased person’s belongings” (Shear, 2015, p. 154-155), or they may feel “shocked, stunned, or emotionally numb...” (Shear, 2015, p. 155). These are all symptoms what someone with complicated grief may feel like.

In addition, “complicated grief is associated with many other health problems, such as sleep disturbances, substance abuse, suicidal thinking and behavior, and abnormalities in

immune function...” (Shear, 2015, p. 154). So, if you suspect your loved one has complicated grief due to a recent or sudden death within their family or friends, try not to get frustrated with them, lose hope on them, or become disconnected with them (Shear, 2015). Instead check up on them, try and have them seek treatment, because “without treatment, symptoms of complicated grief diminish slowly and can persist” (Shear, 2015, p. 154). This is why complicated grief is extremely important for everyone to be aware of.

Mental Health

Mental health is broken into two categories, “Any Mental Illness (AMI) and Serious Mental Illness (SMI).” (NIH, 2023). AMI is a “mental, behavioral, or emotional disorder” (NIH, 2023), where it can vary from no to severe harm (NIH, 2023). While SMI is also a “mental, behavioral, or emotional disorder” (NIH, 2023), but it results in severe damage to restriction of everyday activities (NIH, 2023). “Mental illnesses are common in the United States. It is estimated that more than one in five U.S. adults live with a mental illness (57.8 million in 2021).” (NIH, 2023). Mental health is an extremely important area that many should pay attention to but is often overlooked.

The most common mental health topics are anxiety and depression. Both of these have a huge influence on one’s health and shows a relationship with burnout. A study looked at the relationship between these topics, “...this study can provide a comprehensive understanding of the interconnections between depression, anxiety, emotional exhaustion, and turnover intention in nurses.” (Qin et al., 2023, p.3). At the end of the study, it stated that, “The results demonstrated that turnover intention was significantly and positively associated with depression, anxiety, and emotional exhaustion.” (Qin et al., 2023, p. 9). This sparks interest on research in other areas of the hospital. Many areas of the hospitals are more burned out and have other

mental illnesses than others. This is because they are so busy with their work that they cannot even think! This makes their job much more stressful and leads them to become burned out.

Anxiety

Anxiety is “a vague feeling of dread or apprehension” (Videbeck, 2023, p.222). This could be because of an “external or internal stimuli that can have behavioral, emotional, cognitive, and physical symptoms.” (Videbeck, 2023, p.222). These symptoms could happen due to fear or stress (Videbeck, 2023). In fact, anxiety can affect many aspects including stress levels (Videbeck, 2023). Everyone deals with stress differently, especially nurses. For example, nurses can use stress to succeed, or they can suffer in the amount of stress they are in (Videbeck, 2023). These examples can cause anxiety. There are four phases of anxiety: mild, moderate, severe, and panic. Each of these differ from each other, but can be linked together. For example, if someone is experiencing moderate anxiety, they are also experiencing mild anxiety’s symptoms as well.

Symptoms of Anxiety

Mild Symptoms:

“Restlessness

Fidgeting

GI ‘butterflies’

Difficulty sleeping

Hypersensitivity to noise” (Videbeck, 2023, p. 224).

Moderate Symptoms:

“Muscle tension

Diaphoresis

Pounding pulse

Headache

Dry mouth

High voice pitch

Faster rate of speech

GI upset

Frequent urination” (Videbeck, 2023, p.224).

Severe Symptoms:

“Severe headache

Nausea, vomiting, and diarrhea

Trembling

Rigid stance

Vertigo

Pale

Tachycardia

Chest pain” (Videbeck, 2023, p.224).

Panic Symptoms:

“May bolt and run or totally immobile and mute

Dilated pupils

Increased blood pressure and pulse

Flight, fight, or freeze” (Videbeck, 2023, p.224).

Depression

Depression occurs when one loses interest or hope in their everyday living and activities.

Typically, depression is considered major depressive disorder. However, there is a certain

criteria that is used to diagnosis major depressive disorder. This disorder “involves 2 weeks or more of a sad mood or lack of interest in life activities, with at least four other symptoms of depression...” (Videbeck, 2023, p. 288). Just like anxiety, depression can vary from mild to severe (Videbeck, 2023).

Symptoms of Depression

“Anhedonia

Changes in weight, sleep, energy, concentration, decision-making, self-esteem, and goals.” (Videbeck, 2023, p. 288).

Post-Traumatic Stress Disorder (PTSD)

Post-Traumatic Stress Disorder, known as PTSD, is “a disturbing pattern of behavior demonstrated by someone who has experienced, witnessed, or been confronted with a traumatic event such as a natural disaster, combat, or an assault. A person with PTSD was exposed to an event that posed actual or threatened death or serious injury, and they responded with intense fear, helplessness, or terror.” (Videbeck, 2023, p. 206). This disorder can happen to nurses. For example, if health care workers experience a huge trauma or a disaster and loose many patients it could lead to them experiencing post-traumatic stress disorder.

In addition, “Secondary traumatic stress is defined as stress related to learning about other people’s previously suffered trauma” (Berger et al., 2022, p. 867). In other words, a patient coded, and had to be brought back to life. The healthcare provider could have stress and fear for when it happens again because of this experience. Once something like this happens to a patient, you notice it happening over and over again, it feels like the healthcare provider is having post-traumatic stress or PTSD. “STS/CF is similar to post-traumatic stress, with the difference that the

exposure is indirect, that is, the person absorbs other peoples' trauma through hearing or knowing about it" (Kartsonaki, 2022, p. 2).

Symptoms of Post-Traumatic Stress Disorder (PTSD)

"Numbing of general responsiveness..." (Videbeck, 2023, p. 206).

"Increased arousal...",

Insomnia

Hyperarousal

Hypervigilance

Irritability

Angry outbursts" (Videbeck, 2023, p 206).

"Losing sense of connection and control over their life." (Videbeck, 2023, p. 206).

"Avoidance behavior or trying to avoid any places or people or situations that may trigger memories of the trauma." (Videbeck, 2023, p. 206).

Coping Resilience

Coping tends to happen when there is something difficult that typically is done after one grieves from a loss of someone or something. In the pediatric oncology setting, it "is perceived as both personally and professionally demanding, due to additional stressors that are unique to its specialty" (Zander et al., 2010, p. 94). This is extremely difficult for one to cope and help others at the same time. In other words, nurses have to deal with many things at a time and "forget" about one thing for a while so they can relay all their focus and care into someone else. For example, if you just went into a patient's room where they were unresponsive and the team and you were unable to resuscitate them, and now you have to go into another patient's room without having the chance to grieve the child that had just passed in the room next door. How can one do

this without having the ability to cope on what just happened in the other room? This is where the theory of resilience comes in.

Resilience is “the ability to transform disaster into a growth experience and move forward” (Polk, 1997, p. 1). Resilience happens throughout a nurse’s career. They learn the way of resilience, but should they? People should not be able to leave their emotions behind and move forward, which can affect their mental health. Being able to deal or cope with something interferes with other stressors or struggles that are happening in someone’s life (Polk, 1997). This can make it hard for someone like nurses to cope because they are dealing with multiple stressors at a time. This theory of resilience explores this issue deeper and relates it to the profession of nursing. The theory of resilience explains that:

“Polk was interested in developing a nursing theory that explained how nurses could promote wellness through rehabilitation and psychosocial change. She thought that in order to do so, they first needed to understand how people overcame adversity and challenges in life, and how they used these experiences as growth opportunities” (Kenyon, 2020, p.3).

This is where she, Polk, came up with the word resilience.

After Polk researched more about resilience to create her theory, she found “26 attributes of resilience that she then categorized into four patterns” (Kenyon, 2020, p. 4). Those four categories are *dispositional pattern*, *relational pattern*, *situational pattern*, and *philosophical pattern* (Kenyon, 2020). The *dispositional pattern* consisted of the psychosocial and physical attributes (Kenyon, 2020). The *relational pattern* contained the attributes of relationships and roles (Kenyon, 2020). The *situational pattern* was about problem solving attributes (Kenyon, 2020). The *philosophical pattern* “includes hopes for better times, finding positive side to

situations, using reflections, contributing to a greater good, and believing that all beings are unique and worthwhile” (Kenyon, 2020, p. 4-5). With these four concepts and the human and environmental energy fields Polk was able to form the model for the theory of resilience (see Figure 1).

She explained that when someone experiences a moment of stress, both the environmental and human energy fields will go through “a state of disorder” (Kenyon, 2020, p. 5) where they try to reach a state of equilibrium (Kenyon, 2020). From there, the moment of stress reaches the four patterns where the patterns work together to move the stress out of the environmental and human energy fields (Kenyon, 2020), (all shown in Figure 1).

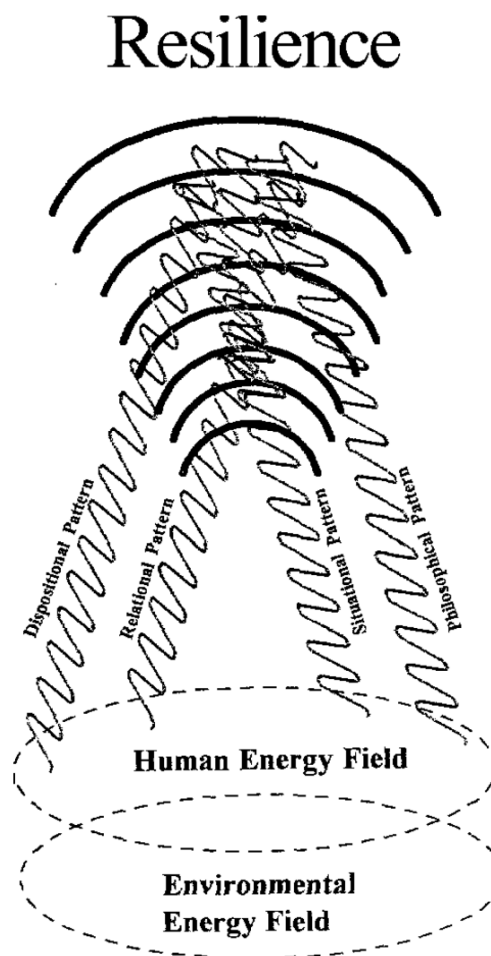


Figure 1 (Figure from Polk, 1997, p. 8)

Conclusion

In conclusion, oncology nurses are at a significantly greater risk at developing compassion fatigue and burnout than any other nurse. Like said above, approximately 30% of nurses will experience burnout. (Berger et al., 2015). This means, from the data above, that at least 510,000 oncology nurses will experience burnout at some point within their career. This is because they are feeling the pain and suffering with each and every one of their patients. Especially pediatric oncology nurses. These nurses have to see little ones pass away every second of the day. It is heartbreaking for them. It is extremely important to get others aware on this situation. Pediatric oncology nurses are experiencing multiple mental health problems like compassion fatigue and burnout, and no one is aware that they are going through a tough time. They are working through it. Like stated above, the aim of this review is to emphasize the importance of mental health on these types of nurses. The purpose of this thesis is to review the literature that examines the stress of oncology health care workers who are working with children and how it can affect their mental health. This will allow others to become more aware, more prepared, and ways to prevent these mental health problems from happening.

Research Questions

1. How does caring for children with critical illnesses affect an oncology nurse's mental health?
 - a. Is compassion fatigue more common among nurses who are working with pediatric oncology patients?
 - b. Do pediatric oncology nurses undergo depression and anxiety more than general pediatric nurses?
 - c. How do pediatric oncology nurses cope?

- d. What are some stressors nurses are having during this time?

Methods

A literature review was conducted by examining multiple peer-reviewed evidence-based research articles collecting that will focus on the mental health of pediatric oncology nurses, with the main focus being on nurses' mental health when caring for patients, who are ill children, as well as the stressors nurses are going through, their experiences, trauma, burnout, depression, the anxiety they have had, compassion fatigue and interventions to improve their mental health.

Looking through several databases, Medline and CINAHL, many found articles related to the mental health on pediatric oncology nurses. Some of the searched keywords that were used were *compassion fatigue, burnout, secondary traumatic stress, nurses, oncology nurses, pediatric oncology nurses, mental health, coping, compounded grief, and theory of resilience*. All of these articles were published between 2015 and 2023. Many articles were collected however, thirteen articles were included in the final sample as they had met the inclusion criteria.

In order to select articles for this literature review, the inclusion and exclusion criteria below was used to select the sample of articles included:

- a. Articles must be primary sources.
- b. Articles must be published within the last decade between years 2013 and 2023.
- c. Articles should be peer reviewed journal articles.

The exclusion criteria for the articles for the literature review is:

- a. Articles that are review articles or secondary sources.
- b. Articles published before the year 2013.
- c. Articles that are not peer reviewed journal articles.

Every article that chosen was found on reliable databases. The articles were printed out and read in depth by high lighting and note taking to see if they were related to the topic and compatible to the inclusion criteria. If they met the inclusion criteria, the articles were included in the literature review. Articles that did not meet the inclusion criteria were not included in the review. All of the articles collected were filled with useful, educational information. Although some of the articles were review articles, those were not included in the literature review, but were useful when writing the background for this thesis.

At the end of the search, there were a total of 13 primary articles that were collected, where all of these articles were applied to this review. Like said above these articles were all published between the years 2015 and 2023. Twelve articles were published within the last five years (between 2018 and 2023) and one article was published within 2015 to 2018. The majority of the articles focused on the nurses' mental health. Many of these articles focused on just nurses in general however many articles explored oncology nurses, pediatric nurses, as well as just the topic of mental health. Additional articles explored the concepts that affects nurses' mental health. For example, compassion fatigue, burnout, or compounded grief. Other articles explored the statistics of nurses and the nurses who are or have struggled with their mental health.

As you see, the main focus and purpose of this article is on nurses' mental health in particular pediatric oncology nurses' mental health. In other words, it is extremely important to investigate in all the topics within pediatric oncology nurses' mental health.

Results

Sample Articles

After searching for articles that were related to this topic, there were thirty articles found. Twelve of those were primary articles (seven being quantitative, four being qualitative, and one mixed methods), one was a systemic review and meta-analysis, five were review articles, and twelve were content based articles. However, thirteen of these articles will be used to conduct this research. These articles include the twelve primary articles and one systemic review and meta-analysis article. All of these articles were found through databases. The systematic review looked at twenty-one articles that explored oncology nurses in six different countries (Xie et al., 2021). Of the quantitative articles three were conducted in China, one in Los Angeles, California, one in Crete, Greece, one in Memphis, Tennessee, and one in Israel. The qualitative articles looked at nurses in one in Iran, one in Spain, one in China, and one in South Korea. The mixed methods article explored the Volunteers at Camp Sunshine as well as non-camp nurses.

Data Analysis

The purpose of the collection of these thirteen articles were to examine how childhood illnesses, for example cancer, and how it affects a nurse's mental health. All of these articles were examined and the most important information that was related to the topic was placed into the chart shown below. The chart breaks down the article into a few categories, which consists of the article name, purpose of the article, the type of study and sample size of the article, methods, and the main outcomes of the article. Each article is related to the research questions selected for this literature review. The main topics were on compassion fatigue, depression and anxiety, coping strategies, and stressors. Out of the thirteen articles six (46%) were related to compassion fatigue, one articles (8%) were on depression and anxiety, four (31%) on coping strategies, and

two (15%) on stressors. Although these articles are related to these main topics listed above, many of them relate to other main topics that are listed.

Results in an Article Table

Table 1. A summary of results from thirteen articles relating to: *Childhood Illnesses Effect Nurses Well-Being*

Article Name	Purpose	Type of Study and Sample Size	Methods	Main Outcomes
“The levels, prevalence and related factors of compassion fatigue among oncology nurses: a systematic review and meta-analysis” (Xie et al., 2020)	Estimate the related factors, levels, and prevalence of compassion fatigue in oncology nurses.	Research study 6533 Oncology nurses	Systematic and Meta Analysis	Oncology nurses are at a higher risk for developing compassion fatigue. The study stated that “22% of oncology nurses suffered from ‘high’ risk of compassion fatigue” (p. 616).
“The Association of Work Overload with Burnout and Intent to Leave the Job Across the Healthcare Workforce During COVID-19” (Rotenstein et al., 2023)	To explore the relationship between the intention to leave and the work overload with rates of burnout.	Research study 43,026 physicians, nurses, other clinical staff, and non-clinical staff	Quantitative	Throughout healthcare, there has been high rates of burnout and the intention to leave.
“The role of bidirectional associations between depression, anxiety, and emotional exhaustion on turnover intention among nurses: a multicenter cross-sectional study in China” (Qin et al., 2023)	To look at the associations between anxiety, depression, turnover intention, and emotional exhaustion and to look at the bidirectional associations between them.	Research study 1131 nurses	Quantitative	Positive effects were found between anxiety, depression, and emotional exhaustion on turnover intentions.
“The Role of Medical	Comparing the repeated exposure of	Research study	Quantitative	Oncology units where at more risk for

Specialization on Posttraumatic Symptoms in Pediatric Nurses” (Park et al., 2020)	post-traumatic stress disorder and secondary trauma symptoms in pediatric nurses.	182 pediatric nurses		developing post-traumatic stress disorder, PTSD. Hospitals should look at why this is, become aware of their poor mental health.
“Prevalence and factors associated with compassion fatigue, compassion satisfaction, burnout in health professionals” (Kartsonaki et al., 2022)	To investigate the similarity of the factors that affect compassion fatigue, compassion satisfaction, secondary traumatic stress, and burnout within adult and pediatric departments.	Research study 598 health care professionals in pediatric intensive care units, emergency, oncology, hematology and neurosurgical departments, hemodialysis, and operating units.	Quantitative	Secondary traumatic stress and compassion fatigue are common on every unit.
“Prevalence and factors associated with compassion satisfaction and compassion fatigue among Chinese oncology healthcare professionals: A cross-sectional study” (Zhang et al., 2022)	To compare the prevalence and factors that are associated with satisfaction and compassion fatigue in oncology health care workers.	Research study 337 oncology health care professionals	Quantitative	Compassion fatigue was seen higher in health care workers who were in senior management.
“Reducing Compassion Fatigue in Inpatient Pediatric Oncology Nurses” (Sullivan et al., 2019)	To create and evaluate a program on its impact on nurses who reported compassion satisfaction, secondary traumatic stress, and burnout, and look at the resilience and coping factors that go along with it.	Research study 59 nurses in pediatric oncology unit	Quantitative	Scores for secondary traumatic stress have improved greatly between baseline to four months. Continuing interventions can decrease compassion fatigue.
“Are emotional intelligence and compassion associated with	To examine and compare the perceptions of compassion, safety	Research study	Quantitative	Compassionate care is used to improve safety and quality of nursing care.

nursing safety and quality care? A cross-sectional investigation in pediatric settings” (Gelkop et al., 2022)	and quality care, and emotional intelligence between parents and nurses.	80 parents and 71 nurses who treated their children		
“What Strategies Do the Nurses Apply to Cope With Job Stress?: A Qualitative Study” (Akbar et al., 2015)	To identify the strategies that allow nurses to cope when dealing with job stress.	Research study 18 nurses in three different hospitals	Qualitative	There were a few main themes that were used when nurses are stressed about their job and need to cope; seeking help, situational control, monitoring to prevent stressful situations, avoiding and escaping the situation, spiritual coping, and the use of self-control.
“The Perceptions of Children and Adolescents with Cancer Regarding Nurses’ Communication Behaviors during Needle Procedures” (Gomez-Gamboa et al, 2022)	To explore the understanding of needle procedures through communication between children and adolescents with cancer and nurses.	Research study 8 children/adolescents with cancer	Qualitative	Oncology nurses need to have adequate training in communication to become confident in respecting and responding to the needs and preferences of the patients.
“Paediatric oncology ward nurses’ experiences of patients’ deaths in China: A qualitative study” (Han Ma et al., 2021)	To examine the aspects; emotional, behavioural, paediatric, and cognitive in oncology nurses who have encountered a patient passing.	Research study 22 pediatric oncology nurses	Qualitative	Oncology nurses experience strong feelings of stress when a patient passes due to the psychological feelings and different coping strategies. Need supportive measures that are effective to maintain their mental health which will help serve patients better.
“Exploring nurses’ end-of-life care for dying patients in	To look at how nurses in the ICU remain professional	Research study Two groups of twelve ICU nurses	Qualitative	“The ICU should be a place where lives are saved, but peaceful deaths should also be

the ICU using focus group interviews” (Kyeong Jang et al., 2019)	during the stages of end-of-life care.			accepted and supported, and ICU nurses need to be prepared to provide appropriate nursing care in this situation” (p. 7). Patients and families should be included in the education and end-of-life care of the patient.
“Nurse-Patient Connectedness and Nurses’ Professional Quality of Life: Experiences of Volunteering at a Pediatric Oncology Camp” (Cherven et al., 2020)	To look at the impact and connections that were made between pediatric oncology nurses and their patients after volunteering at camps with their patients.	Research study 48 nurses who volunteered at an oncology camp and who did not volunteer at the camp. 25 were camp nurses and 23 were noncamp nurses.	Mixed Methods	This camp allowed nurses to become connected with their patients, find a different perspective outside of bedside nursing, and found that the camps decreased burnout and strengthened resilience.

Findings

The primary goal of this literature review is to explore the relationships between childhood illnesses and how it can cause nurses to have a poor mental health. There are four themes that will allow this primary goal to be obtained, which are related to the research questions. These four themes are;

1. Compassion fatigue in oncology nurses
2. Depression and anxiety in nurses
3. Coping strategies that help nurses improve their mental health
4. Stressors that nurses are going through

Main Themes

Compassion Fatigue in Oncology Nurses

Compassion fatigue is known to be related to exhaustion in healthcare workers (Xie et al., 2020). Everyone experiences exhaustion; however, it affects nurses physically and emotionally which can put patients in danger. Compassion fatigue can cause “headache, sleep disorders, diarrhoea or constipation, irritability, exhaustion, depression or substance abuse, furthermore, it also led to increased absenteeism, poor quality of nursing care, poor patients’ health outcomes, medication errors, reduced productivity and high staff turnover” (Xie et al., 2020, p. 616). Although this is seen in all types of nursing, oncology nurses tend to see an increase in this problem (Xie et al., 2020). This tends to happen because oncology nurses are dealing with clients who are preparing for end-of-life care which takes a toll on everyone involved (Xie et al., 2020). This topic was found in many articles; however, it was the primary focus in six of them.

In the systematic review and meta-analysis, twenty-one studies were looked at where they used a random-effect model to find the average nurses who are dealing with compassion fatigue (Xie et al., 2020). But the study looked at compassion fatigue in three components which were compassion satisfaction, burnout, and secondary traumatic stress (Xie et al., 2020). Out of 6,236 oncology nurses, most of them were considered to be at a moderate amount of the three components of compassion fatigue (Xie et al., 2020). On the other hand, researchers used meta-analytic pooling to find that these oncology nurses are at a high level of secondary traumatic stress and burnout (Xie et al., 2020). Similarly, another study looked at the compassion satisfaction, burnout, and secondary traumatic stress/compassion fatigue in healthcare workers and compared it to healthcare workers in intensive care units and non-intensive care units (Kartsonaki et al., 2022). Two other studies provided similar results with nurses as the study above. One study it showed that the majority of nurses were experiencing a moderate amount of compassion satisfaction, low to moderate amount of burnout, and low to moderate amount of

secondary traumatic stress/compassion fatigue (Kartsonaki et al., 2022). Looking at the ICU and non-ICU, the results showed that healthcare providers were facing a moderate amount of all three topics (Kartsonaki et al., 2022). The second study showed that doctors have been going through a higher amount of compassion satisfaction and compassion fatigue, which includes burnout and secondary traumatic stress, than nurses (Zhang et al., 2022). However, both doctors and nurses have an average of having a moderate amount of compassion satisfaction and compassion fatigue (Zhang et al., 2022). Rotenstein et al., 2023 conducted a study where 43,026 clinical and non-clinical staff were included. This study looked at burnout and who had the desire to leave the workplace due to burnout (Rotenstein et al., 2023). Out of the 43,026 individuals, only 40,301 had responded to this question, where they found that nurses experienced burnout the greatest (Rotenstein et al., 2023). In addition, nurses responded with having the highest intent of leaving the unit (Rotenstein et al., 2023). The last study looked at post-traumatic stress in nurses on different units (Park et al., 2020). The study showed that out of the following units, the medical/surgical, hematology/oncology, ICUs, and rehabilitation units, had experienced PTSD at some point of their career (Park et al., 2020). The study got a baseline, a 3 month follow up, and one year follow up (Park et al., 2020). At the one year follow up, hematology/oncology nurses have experienced 20.7% of full PTSD (Park et al., 2020). However, at the one year follow up, the rehabilitation unit had the highest average PTSD where hematology and oncology unit had the second average of PTSD (Park et al., 2020).

Another study looked at nurses who were volunteering at a camp with their patients (Cherven et al., 2020). This camp was where children with cancer and pediatric oncology nurses were able to see the child who is suffering with the disease in a new light (Cherven et al., 2020). This gives them a new perspective what it is like to be a kid with cancer and how to care for

them (Cherven et al., 2020). The nurses found that the camp helped them with their professional growth, commitment, resilience, and hope (Cherven et al., 2020). For example, the camp was able to give the nurses hope that the campers can beat cancer (Cherven et al., 2020). The study also found that, “Nurses specifically reported that camp has decreased and even mitigated burnout for them and that seeing kids in a different light in the camp setting, was rejuvenating” (Cherven et al., 2020, p. 143). This camp has a huge impact on these nurses and children. The camp helped nurses decrease their burnout, which, in other words, improved their mental health tremendously (Cherven et al., 2020). These camps are very important to consider for nurses who are dealing with extreme burnout.

Depression and Anxiety in Nurses

As many know, depression and anxiety are an important topic to address with anyone. Every yearly physical you get asked to fill out a questionnaire about these two topics. However, does anyone look at how nurses are doing? Are they experiencing any anxiety or depression? “Nurses frequently encounter high job demands and insufficient job resources leading to depression, anxiety, and emotional exhaustion, and ultimately a higher intention to leave their jobs” (Qin et al., 2023, p. 2). This study, Qin et al., 2023, looked at anxiety, emotional exhaustion, and depression in nurses and how it relates to nurses leaving their workplace. The study found that depression and anxiety was found in 22.3% and 25.9% of nurses (Qin et al., 2023). The study also found a correlation between depression and emotional exhaustion, where a moderate association was found (Qin et al., 2023). In addition, there was a small correlation between turnover intention and depression and anxiety and a moderate correlation between turnover intention and emotional exhaustion (Qin et al., 2023). In other words, there was found to be a positive connection between emotional exhaustion, anxiety, and depression with turnover

intention (Qin et al., 2023). Which proves that many nurses tend to leave their job because of the emotional exhaustion, anxiety, and depression that goes along with it (Qin et al., 2023).

Coping Strategies That Help Nurses Improve Their Mental Health

Coping with a new illness or a recent death of a loved one can be very hard for the person it affects, the family, friends, and the health care providers who were involved in the care of that patient. Nurses become involved with care of patients through providing compassion. The study, Gelkop et al., 2022, explores the relationship between compassion and quality and safety care. The study showed that nurses and parents have similar results relating to compassion, emotional intelligence and the quality and safety care that is given to the child (Gelkop et al., 2022). This is important to consider, these nurses are caring for patients the same way the parents are, which can place the nurse in a difficult position where they will experience the hardship that does along with the death of the child and cannot cope with the loss like the parents can. In addition, another study looked at how nurses deal with the end-of-life care on patients (Kyeong Jang et al., 2019), where it shows that many nurses will experience emotional exhaustion from helping with end-of-life care (Kyeong Jang et al., 2019). The study states that “The participants emphasized that they should try to understand the loneliness of a dying patient isolated from their family and the fears of patients who are dying in an unfamiliar place” (Kyeong Jang et al., 2019, p. 5). This is where nurses will experience that physical exhaustion because they are being there for their patients and are unable to step away and cope with the situation.

Since many are unable to cope with the death of a patient, two studies were found that specifically found ways that can help nurses cope. The first study conducted a program to improve nurses’ lifestyle and self-care at St. Jude’s Children Hospital (Sullivan et al., 2019). The brief COPE items consisted of self-distraction, active coping, denial, substance use, emotional

support, instrumental support, behavioral disengagement, venting, positive reframing, planning, humor, acceptance, religion, and self-blame (Sullivan et al., 2019). The study showed that after the program was completed there was little to no correlation between burnout and secondary traumatic stress and nurses being able to readjust (Sullivan et al., 2019). However, nurses reported an increased use of coping mechanisms, where only some of the mechanisms showed a positive correlation with (Sullivan et al., 2019).

Similarly, the second article by Akbar et al. in 2015, looked at the strategies used that help nurses cope during stressful times at their job. These strategies consisted of preventive measures, finding help, self-control, avoiding, and spiritual measures (Akbar et al., 2015). Some preventative measures are “follow-up, monitoring, checking, control, being on call, increasing the accuracy, concentration, and safety” (Akbar et al., 2015, p. 59). This strategy helps with controlling the situations and stress and gets nurses ready for the next step (Akbar et al., 2015). Some examples of self-control are done by thinking positively, crying, or extracurricular activities (Akbar et al., 2015). All of these strategies showed a positive relationship of coping while on the unit (Akbar et al., 2015).

Stressors That Nurses are Going Through

There are many stressors that go on in someone’s life that can be related to what happened at their work or something that is happening to them at home. There were two studies that looked at stressors of nurses. One study looks at nurses when children are getting needle procedures done (Gomez-Gamboa et al, 2022). This study explains that there is a lot of stress going into these procedures (Gomez-Gamboa et al, 2022). With nurses having a high workload, being tired, having to calm children during the procedures, and some being shy causing them to struggle to communicate with their patients can cause everyone stress (Gomez-Gamboa et al,

2022). This stress can be caused by the stressors that they struggle with in their everyday life. Another study looks at pediatric patients passing from cancer (Han Ma et al., 2021). This shows that the death has caused a poor mental health (Han Ma et al., 2021). In other words, “The nurses faced great psychological stress when coping with patients’ deaths and were eager for understanding and support. After witnessing a death, nurses felt physical and mental exhaustion, and felt the need for emotional support” (Han Ma et al., 2021, p. 5). With this weak support system, it causes nurses to bring home their stressors that had happened at work (Han Ma et al., 2021). On the other hand, after a death they are very lost, confused, anxious, and hopeless (Han Ma et al., 2021). This shows that the nurse will have a hard time dealing with these losses and have this stressor on their shoulder.

Discussion

Research Question

This literature review had a few different research questions. The main research question was “How does caring for children with critical illnesses affect an oncology nurse’s mental health?”. To answer this question, there were four follow up questions that were created. The first is, “Is compassion fatigue more common among nurses who are working with pediatric oncology patients?”. Based on this review, compassion fatigue is seen with every nurse, with nurses having a moderate amount of compassion fatigue. The second question was, “Do pediatric oncology nurses undergo depression and anxiety more than general pediatric nurses?”. After trying to collect articles about this question, the results were very limited. The study in this review looks at all nurses. The study stated that most nurses will experience anxiety and depression at their workplace which can lead to emotional exhaustion and increases the risk of nurses leaving their jobs (Qin et al., 2023, p. 2). The third research question is “How do pediatric oncology nurses cope?”. Studies show that nurses have the same compassion as parents do, which causes them to have a hard time coping with a child who has passed (Gelkop et al., 2022). Another study looked at strategies that nurses used to cope (Sullivan et al., 2019). The study found that there was no correlation with burnout and the ability to cope (Sullivan et al., 2019). On the other hand, the study helped nurses increase these coping mechanisms which was shown to help with their mental health (Sullivan et al., 2019). The last question was, “What are some stressors nurses are having during this time?”. Similar to the second question, research was very limited on this topic. The articles found looked at stress in the nurses, and the main stressor was from the clients passing away or struggles that have been going on in their lives at home.

Implications for Nursing Practice

In this literature review, there are many interventions that can be incorporated into the nursing practice today. One of those is including self-care into the practice. After one passes, the people affected need to cope. Like explained above, coping can be done with the use of self-care mechanisms. If practices have the ability to make a room that has self-care techniques in it for the people effected including health care providers, it could help them improve their mental health and have an area to grieve.

Another strategy that can be used in the everyday nursing practice is creating more volunteer camps with their patients (Cherven et al., 2020). In this study, it showed that nurses were able to get closure about their patients' diagnosis, they were able to see them as children and see them live their everyday lives that they deserve, and they were able to make connections that they were not able to make in the hospital (Cherven et al., 2020). In addition, these camps helped lower burnout (Cherven et al., 2020). This could help nurses improve their mental health by going to these camps with their patients.

Limitations

There were a few limitations within this literature review. Both limitations were due to the lack of research in two topics, anxiety and depression and the stressors in pediatric nurses. For the topic anxiety and depression, there was one article that was used. This article looked at units such as the ICU, general surgery, operating room, the emergency department, and others (Qin et al., 2023). Since the articles were so limited it was hard to find articles where pediatrics was included in. Possibly the other category contains pediatric nurses, but it is unknown. The second topic is on stressors in pediatric nurses. These articles were more on stress in nurses than the stressors that were going on in their lives from work or at home. However, stress and stressors can be the same, the articles specifically stated the stress the nurses had.

Future Research

For future research, they should consider conducting research on the two topics that were listed above because they lack information on this topic. These topics were anxiety and depression and the stressors in pediatric nurses.

Another topic that should be discussed for future research is how the interventions of having self-care rooms and having more camps within the practice where they can interact with the patients without being on the unit. These interventions will be interesting to see if they could decrease burnout.

Conclusion

In conclusion, this literature review looked at nurses in four different aspects with compassion fatigue, anxiety and depression, coping strategies, and stressors in their lives. After reviewing the thirteen articles that related to these topics, it was found that nurses experience poor mental health throughout their careers. The research shows that nurses in each department have a moderate amount of compassion fatigue. Future studies should conduct more research on the topics that had limited articles (anxiety and depression and stressors). In addition, they should also conduct research on self-care rooms throughout the hospitals and bringing more volunteer camps to the hospital. This literature review should bring awareness to a pediatric nurses' mental health and overall nurses mental health.

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