The Effect of Implementing Work Stress Management Program on Compassion Fatigue of Nurses Working at Oncology Department

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Abstract

Background: Compassion fatigue is a unique form of burnout that directly affects nurses and is caused by a chronic desire to care for and be concerned about others. **Aim of the study:** Was to evaluate the effect of implementing work stress management program on oncology staff nurse's compassion fatigue. **Design**: Quasi experimental design. (Pre-program, post- program) was utilized to achieve the aim of the study. **Setting**: The study was conducted at the Pediatric Oncology department of the National Cancer Institute. **Sample:** A convenient sample of 50 oncology nurses working with children cancer patient in the previously mentioned setting. **Data collection tool:** Four tools were used. **I:** Socio-demographic data, **II:** Stress index tool to assess work stress facing pediatric oncology nurses, **III:** Compassion fatigue index to assess the nurse's compassion fatigue sign, **IV:** Stress management knowledge questionnaire to assess nurse's knowledge about stress management strategies**. Results:** There is highly significance difference regarding subjects, total domain of work stressors, compassion fatigue and total knowledge pre and post intervention. 36% of studied nurses had high total work stress pre- program while, only 12% of them had post- intervention. 48% of them had high total domain of compassion fatigue pre- program while, only 18% of them had post-program. Only 10% of the studied nurses had good knowledge pre-intervention while, 48% of them had good knowledge post- intervention. **Conclusion:** Work stress management program on pediatric oncology staff nurses was succeeded to reduce the nurse's compassion fatigue and increase their knowledge of stress management strategies. **Recommendation:** Training stress management skills using the role of positive attitude towards the profession, training courses to increase knowledge to the level of the nurses, Continuous education, social support and creating self-confidence among nurses.

Keywords: Compassion fatigue -Oncology Nurses- Pediatric oncology- Work stress

Introduction:

Oncology nurses are challenged with the increased responsibility for coordinating quality child care with limited resources and supports. The real challenge for nurses is to meet the mental, social, cultural, spiritual and developmental needs arising from patient's emotional responses to their diagnosis **(Challinor et al., 2020)**.

Nurses through their knowledge can play an important role in reducing the number of stressors in children with cancer, they can help to bring about a change in children's life styles to minimize their risk of developing stress with

children cancer and their families usually have fear about the future **(Salami & Okeke, 2018).**

The nurse should have a key role, not only he/she participating in the treatment of the patient, but also in providing psychology Nurses are believed to have lower level of stress than surgeons and they agreed that this is as a result of better working practice, the type of responsibilities and the management structure. By this, a better-organized management structure and organized individual working practice are seen as effective way of managing or coping with work stress **(Buttigieg & Vander, 2022).**

Stress is the body's reaction to a change that requires a physical, mental or emotional adjustment or response. Human beings experience stress early, even before they are born. A certain amount of stress is normal and necessary for survival it is well accepted that nurses work in a high stress environment and a large amount of research has focused on the sources of this stress **(Price & Halpern, 2018).**

Compassion fatigue describes a work-related stress response in healthcare providers (staff nurses) that is considered a „cost of caring" and a key contributor to the loss of compassion in healthcare. Compassion fatigue is a term that is used to describe a stress response in healthcare providers. Concept of Compassion Fatigue (CF) is a new term to the medical profession, CF is prevalent among all spectrums of the healthcare profession and is flourishing. However, one of the most at-risk groups in the healthcare profession is oncology nurses. Due to their intense, caring relationships and interactions with patients and families while providing end of life care, these nurses have an increased risk of stress and psychological disorders, including CF **(Pehlivan & Güner, 2018).**

Stress management has been described as positive or negative and also as active (dealing with actual stressful situations or events) or reactive (reacting to an individual's own thoughts and feelings) which can be positive or negative, depending on the situation and the content of the response. Research on stress indicates that people tend to use a number of different methods rather than just one, to manage their stress **(Jentsch & Wolf, 2020).**

Significance of the study

Compassion fatigue results when the nurse continually exposure to work stress such as provides care to suffering patients without experiencing the positive benefits of seeing improvement in the patient's condition **(Nuamah & Mehta, 2020).**

Moreover, compassion fatigue affects both the healthcare provider and the workplace environment causing decreased productivity, a negative effect on the bottom line, difficulty recruiting, high turnover and increased sick days (**Henson & Sheree, 2020).**

Aim of the Study:

The purpose of this study was to identify the effect of implementing work stress management program on pediatric oncology staff nurse's compassion fatigue.

Research Hypothesis:

To fulfill the aim of the study the following Hypothesis will be formulated: Implementing work stress management program will have appositive effect on increasing the staff nurse's knowledge about stress management strategies and decrease their compassion fatigue level.

Subject and methods:

Research design: Quasi- experimental design was used to conduct and achieve the aim of this study.

Setting: This study was conducted at the National Cancer Institute.

Sample: The study sample of this study composed of 50 oncology nurses working with children cancer patient in the previously mentioned setting with the following inclusion criteria:

- Experience year in pediatric oncology up to two years.
- Diploma nurses, Technician Bachelors in nursing.
- Contain male & female nurses

Tools of Data Collection: Data were collected through the use of the following tools: Interview questionnaire forms, this tool was designed by the researcher and written in simple Arabic language based on a scientific literature review to assess data about the following:

- **Tool I:** It was used to assess Socio-demographic data of the studied nurses such, age, sex, level of education, occupation, marital status, and years of experience.
- **Tool II:** (stress index), that developed by the researchers. It was used to assess stress facing working with children cancer patient, this sheet consists of five parts:
  1. Physical stress factors (15 questions)
  2. Psychological stress factor (15 questions)
  3. Work stress factors 20 questions)
  4. Financial stress factors (6 questions)
  5. Family stress factors (13 questions)

Scoring system:

The questionnaire items were scored 3, 2 and 1 for sometimes, always, and never. The scores of the items of each part were summed up and the total divided by the number of the items, giving a mean score for the part.

Total stress index score was calculated as

- 69-103 degree : Low stress
- 104-144 degree : Mild stress
- 145-207 degree : Severe stress

- Tool III: (Compassion fatigue index) that developed by the researchers, it was used to assess compassion fatigue among pediatric oncology nurses through assessing signs of compaction fatigue by their answers this sheet consists of 49 answers.

Scoring system:

The questionnaire items were scored 3, 2 and 1 for sometimes, always, and never. The scores of the items of each part were summed up and the total divided by the number of the items, giving a mean score for the part.

Total compassion fatigue index score was calculated as

- 49-74 degree: low compassion fatigue
- 75-102 degree : moderate compassion fatigue
- 103-149 degree: high compassion fatigue

Tool IV: (Stress Management Knowledge) It was used to assess nurse's knowledge about stress management strategies this sheet consists of 19 answers.

- **Scoring system**:

The questionnaire items were scored 3, 2 and 1 for the sometimes, always, and never. The scores of the items of each part were summed up and the total divided by the number of the items, giving a mean score for the part.

- Total Stress Management Knowledge score was calculated as
- 17-25 degree : Poor Knowledge
- 26-35 degree : Average Knowledge
- 36-51 degree : Good Knowledge

Content validity:

It was ascertained by a group of experts in Psychiatric &Mental Health Nursing (5) professor. Their opinions elicited regarding the

format, layout, consistency, accuracy and relevancy of the tools.

Content Reliability:

Reliability analysis by measuring of internal consistency of the tool through Cronbach's Alpha test.

Items	Cronbach alpha
Stress index	0.851
Compassion fatigue index	0.834
Stress Management Knowledge	0.812

Ethical Consideration:

Verbal approval was obtained from the nurses before inclusion in the study; a clear and simple explanation was given according to their level of understanding, physical and mental readiness. They secured that all the gathered data was confidential and used for research purpose only. The ethical research considerations include the following:

- The research approval was obtained from the faculty ethical committee before starting the study.
- The researcher was clarifying the objectives and aim of the study to nurses included in the study before starting
- The researcher was assuring maintaining anonymity and confidentiality of subjects' data included in the study
- The nurses were informed that they are allowed to choose to participate or not in the study and they have the right to withdraw from the study at any time.

Pilot study

A pilot study was carried out on 10% (5nurses) of oncology nurses working with children cancer patient in the pediatric oncology department of the National Cancer Institute order to test the applicability of the constructed tools and the clarity of the included questions related to stress for nurses working with children cancer patient. The pilot has also served to estimate the time needed for each subject to fill in the questions. According to the results of the pilot, some corrections and omissions of items were performed as needed. The pilot participants were not included in the main study sample.

Field work:

To carry out the study, an approval was obtained from the medical and nursing director of pediatric oncology department of the National Cancer Institute. A letter was issued to them from the Faculty of Nursing, Benha University, explaining the aim of the study in order to obtain their permission and cooperation. Data were collected in six months, from October 2021to March 2022.

The researcher first met with the nurses working with children cancer patient in the pediatric oncology department of the National Cancer Institute, explained the purpose of the study after introducing herself. The nurses were assured that information collected would be treated confidentially, and it would be used only for the purpose of the research. Then, individual interviewing was done after obtaining nurses consent to participate. The researcher was visiting the study setting 3days / weekly at morning shift to collect data and implement this study.

Development of stress management program:

The work stress management program was developed by the researcher after a thorough review of the related literatures and after making the pilot study. work stressors management program aimed to evaluate the effect of implementing work stress management program on pediatric oncology staff nurse's compassion fatigue This program has a set of general objectives, and specific objectives for each session. The number of program's sessions was 10 sessions.at the beginning of each

session, the researcher give feedback about previous session.

The 1st session: (acquaintance session) Introduction about aim, objectives and content of the sessions. (60min)

The 2nd session: (theoretical) knowledge about work stress and effect of stress (45 min).

The 3rd session: (theoretical session) overview about compassion fatigue (60 min)

The 4th session: (practical session) self-awareness (60 min)

The 5th session: (practical session) Self-esteem (45min).

The 6th session: (practical session) Steps to improve self-esteem (60 min)

The 7th session: (practical session): Managing stress at the individual level (60 min)

The 8th (practical session): Managing stress at the individual level (60 min)

The 9th session: (practical session): Managing stress at the organization level

The 10th session: Summary about the program sessions and post-assessment test (60 min.

Implementation Phase:

This phase was beginning by data collection then implementation of work stress management program.

Methods of evaluation:

Feedback through: oral questions, remonstration, positive participation, role play.

Evaluation Phase (post-test).

This phase aimed to evaluate the effect of work stress management program on Pediatric Oncology Staff Nurses‟ Compassion Fatigue

Statistical analysis:

Data collected from the studied sample was revised, coded and entered using PC.

Computerized data entry and statistical analysis were fulfilled using the statistical package for social sciences (SPSS) version 20. Data were presented using descriptive statistics in the form of frequencies, percentages. Statistical significant was considered at p-value <0.05.

Results:

Table (1): Reveals that, two fifth (40%) of the studied nurses had diploma degree. More than two third 70% of them were female while, only 30% of them were male, also about three quarter 74% of them aged between 20 to less than 40 years with mean 32.54 and SD 7.96. Furthermore, half 50% of them were married and two thirds, 66% of them were staff nurses. Regarding experience years, more than half 52% of them had five to less than 10 years of experience with mean 8.60 and SD 1.33.

Figure (1): Shows that, two fifth 40% of the studied nurses had diploma degree while, 30% of them had diploma in technical institute, 20% of them had postgraduate education degree and only 10% of them bachelor's degree

Table (2): Presents that there is highly significance difference regarding subjects, total domain of work stressors pre and post intervention (p <0.01**). Furthermore, 36% of them had high total domain of work stressors pre-intervention while, only 12% of them had post- intervention. Regarding physical stress, 22% of them had high physical stress pre-intervention while, only 10% of them had post-intervention. Also, 28% of them had high psychological stress pre-intervention while, only 12% of them had post- intervention.

In the same domain, 44% of them had high work stress pre-intervention while, only 16% of them had post- intervention.48% of them had high financial stress pre-intervention while, only 14% of them had post- intervention and 42% of them had high family stress pre-intervention while, only 14% of them had post- intervention.

Figure (2): Shows that, more than one third 36% of studied nurses had high total work stress pre- program while, only 12% of them had post-intervention. Moreover, more than two fifth 44% of them had moderate total work stressors pre-intervention while, 28% of them had post-intervention and one fifth 20%of them had low total work stress preprogram while, 60% of them had post- program

Table (3): Presents that there is highly significance difference regarding subjects` total domain of compassion fatigue pre and post intervention (p <0.01**). Furthermore, 48% of them had high total domain of compassion fatigue pre-intervention while, only 18% of them had post- intervention. Regarding Physical symptoms of compassion fatigue 46% of them had high physical symptoms of compassion fatigue pre intervention while, only 16% of them had post- intervention. Also, 50% of them had high emotional symptoms of compassion fatigue pre-intervention while, only 20% of them had post- intervention.

Figure (3): Demonstrates that 48% of them had high total domain of compassion fatigue pre-program while, only 18% of them had post-program Moreover, 36% of them had moderate total domain of compassion fatigue pre- program while, 30% of them had post- intervention. Also, 16% of them had low total domain of compassion fatigue pre- **program** while, 52% of them had post- intervention.

Table (4): Presents that there is highly significance difference regarding subjects` total knowledge of stress management strategies pre and post intervention (p <0.01**). Furthermore, only 10% of the studied nurses had good knowledge pre intervention while, 48% of them had good knowledge post- intervention. Also, 40% of them had average knowledge pre-intervention while, 38% of them had average knowledge post- intervention and 50% of them had poor knowledge pre-intervention while, only 14% of them had poor knowledge post-intervention.

Figure (4): Presents that, only 10% of the studied nurses had good knowledge preprogram while, 48% of them had good knowledge post-intervention. Also, 40% of them had average knowledge preprogram while, 38% of them had average knowledge post- program and 50% of them had poor knowledge pre-intervention while, only 14% of them had poor knowledge post program.

Table (1): Number and percentage distribution of the studied nurses according to their Socio-demographic data (n=50).

Items	N	%
Academic qualification		
Diploma	20	40.0
Diploma of technical Institute	15	30.0
Bachelor degree	10	20.0
Postgraduates	5	10.0
Gender		
Male	15	30.0
Female	35	70.0
Age		
<20	4	8.0
20-<40	37	74.0
40-<50	5	10.0
50-60	4	8.0
x ̄ S.D 32.54±7.96		
Social status		
Single	20	40.0
Married	25	50.0
Divorced	3	6.0
Widowed	2	4.0
Current job		
Director of nursing	2	4.0
Supervisors	10	20.0
Charge nurse	5	10.0
Staff nurse	33	66.0
Years of experience		
2-<5 years	10	20.0
5-<10 years	26	52.0
10-<15 years	5	10.0
15-<20 years	4	8.0
≥20 years	5	10.0
x ̄ S.D 8.60±1.33		

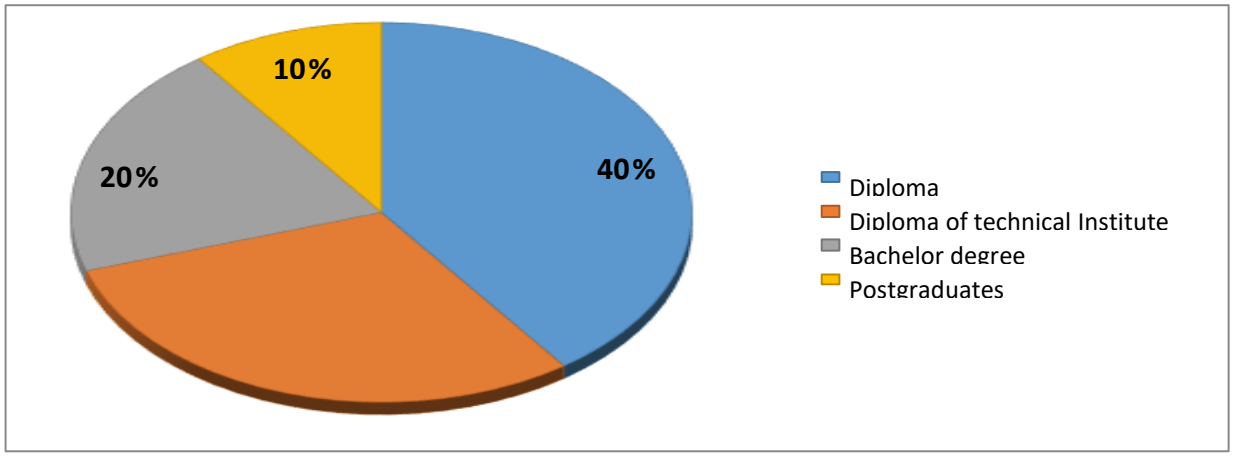

Figure (1): Percentage distribution of the studied nurses" according to their academic qualification (n=50).

Table (2): Comparison between the studied nurses at pre and post program regarding to their total domain of work stress facing pediatric oncology nurses" (n=50).

Items	Pre-program			Post-program			T- test p-value
	High	Moderate	Low	High	Moderate	Low	
	No (%)	No (%)	No (%)	No (%)	No (%)	No (%)	
Physical stress	11 (22.0)	19 (38.0)	20 (40.0)	5 (10.0)	10 (20.0)	35 (70.0)	33.021 <0.01**
Psychological stress	14 (28.0)	21 (42.0)	15 (30.0)	6 (12.0)	12 (24.0)	32 (64.0)	
Work stress	22 (44.0)	21 (42.0)	7 (14.0)	8 (16.0)	19 (38.0)	23 (46.0)	
Financial stress	24 (48.0)	23 (46.0)	3 (6.0)	7 (14.0)	15 (30.0)	28 (56.0)	
Family stress	21 (42.0)	24 (48.0)	5 (10.0)	7 (14.0)	12 (24.0)	31 (62.0)	
Total	**18 (36.0)**	**22 (44.0)**	**10 (20.0)**	**6 (12.0)**	**14 (28.0)**	**30 (60.0)**	

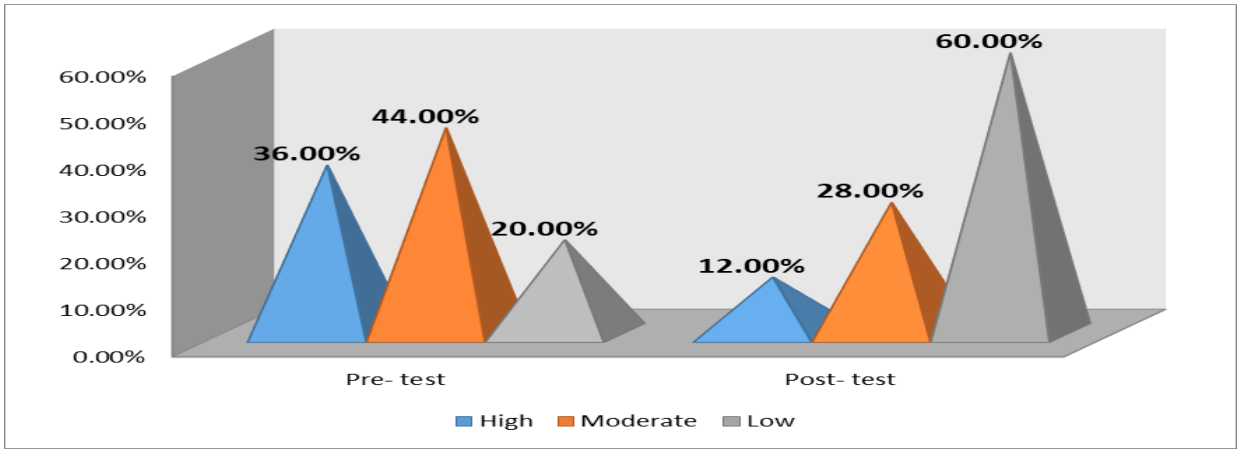

Figure (2): Comparison between the studied nurses at pre and post intervention regarding to their total work stress (n=50).

Table (3): Comparison between the studied nurses at pre and post program regarding to their total domain of compassion fatigue (n=50).

Items	Pre-program			Post-program			T- test p-value
	High	Moderate	Low	High	Moderate	Low	
	No (%)	No (%)	No (%)	No (%)	No (%)	No (%)	
Physical symptoms of compassion fatigue	23 (46.0)	19 (38.0)	8 (16.0)	8 (16.0)	13 (26.0)	29 (58.0)	27.452 <0.01**
Emotional symptoms of compassion fatigue	25 (50.0)	16 (32.0)	9 (18.0)	10 (20.0)	17 (34.0)	23 (46.0)	
Total	**24 (48.0)**	**18 (36.0)**	**8 (16.0)**	**9 (18.0)**	**15 (30.0)**	**26 (52.0)**	

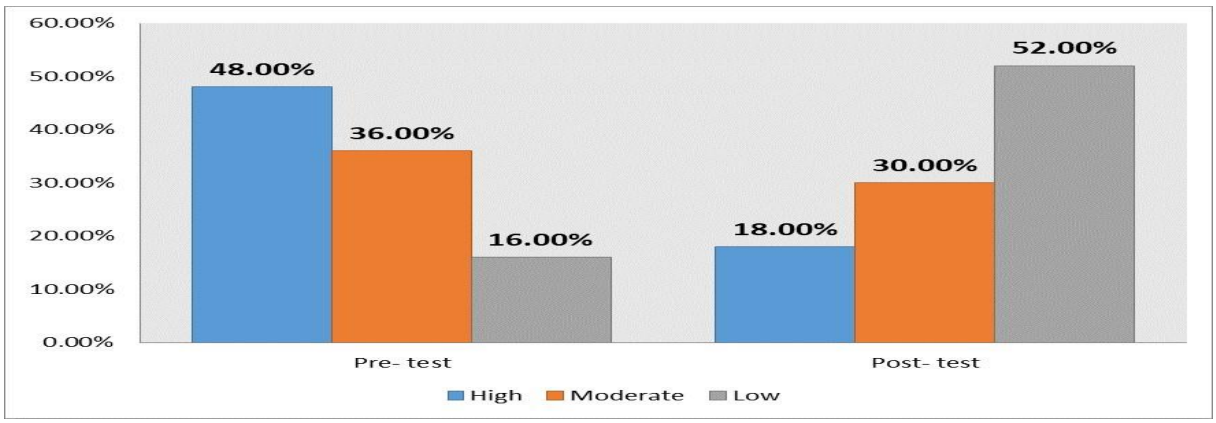

Figure (3): Comparison between the studied nurses at pre and post intervention regarding to their total compassion fatigue (n=50

Table (4): Comparison between the studied nurses at pre and post program regarding to their total knowledge of stress management strategies (n=50).

Items	Pre- program		Post- program		T- test	
					T	p-value
	N	%	N	%		
Good	5	10.0	24	48.0	24.021	<0.01**
Average	20	40.0	19	38.0		
Poor	25	50.0	7	14.0		

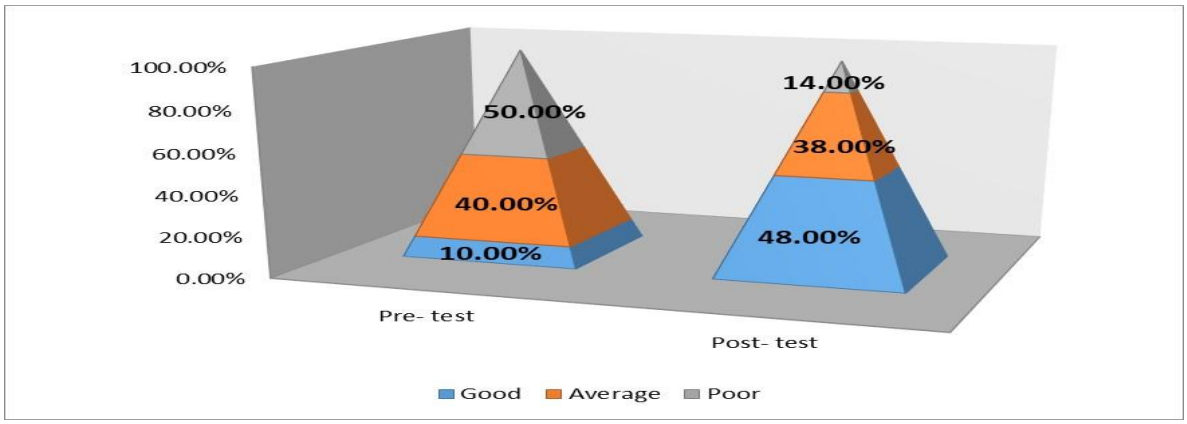

Figure (4): Comparison between the regarding to their total knowledge of stress.

Discussion

The result of the current study comparing them with recent literatures and other related studies to explain to what extent this result was supported or contradicted by other studies, discusses the importance of the current findings and discusses the new ideas derived from the finding were classified and discussed according to the following parts this study involves 50 nurses working with children cancer in national cancer institute.

Regarding the socio-demographic data of the studied nurses about three quarter 74% of them aged between 20 to less than 40 years with mean 32.54 and SD 7.96. These findings were in accordance with the findings of **Vivian Alien (2018)** who were talk about stressors among nurses who are working in oncology unit finding which showed that nurses which their age less than 30 year has stress while performing their nursing role in the hospital environment. While these finding were in disagreement with findings of **Lorber.M (2018)** who were talk about stressors for nurses in children cancer unit, Findings which showed that nurse, while performing their nursing role, represent the majority (90.5%) healthcare providers in the hospital environment, as regard their age ranged between (30-50) years.

Regarding of the socio-demographic data of studied nurse more than two third 70% of them were female while, only 30% of them were male, this result may be explained by the fact

that nursing is a universal feminine profession as well as the enrollment of the male students in this profession was started in the late dedicates. This finding is in agreement with **Nardone et al. (2020)** in psychological department, university of Hertfordshire who were talk about occupational stressors in hospice nurses finding which showed that female nurses had a higher mean stress score than stress score participant male nurse

Regarding of the socio-demographic data of studied nurse two fifth (40%) of the studied nurses had diploma degree. this may be low grade have more responsibility and more pressure from work this finding is in agreement with **Mieli-vergani et al. (2018)** who discussed stressor for nurses and the nurse's reaction for hospitalization nursing intervention available to prevent dominate these stressor, which showed that studied nurse was female had diploma degree.

Regarding to marital status, this finding indicated that the majority of the nurses included in the study were married. This result may be explained by the fact that higher stress levels result from multiple and complex roles that these women have to perform: wife, mother, employee and housekeeper. this finding is in agreement with Anne **Kantola&Lombardo (2019)** on Canadian institutes of health research who conducted a study which the total sample consist of 90 nurses the majority of them are married. While these finding were in disagreement with finding of **Salmond et al. (2019)** at the University of Ottawa who found that the majority of nurses who work in children cancer are divorced while only 12% are married.

Regarding the number and percentage distribution of the studied nurses according to their position and years on experience the present study showed that the majority of the studied nurses are staff nurse having experience ranged between5-10 Years. This result may be explained by the fact that work load perceived as a level of stress among nurses. Work load can have represented in deficiency in the number of nursing staff in the shift, dealing with patients who suffer from psychological pressures and the burden of non-nursing duties such as office work and secretarial work. these finding were in an accordance with the findings of **David Dix& Stephen, (2018)** in the department of pediatrics at the uninvesting of British Columbia who found the majority of nurses had stressor related to work with children cancer were staff nurses and they have experience for more than 5 years in these field.

Furthermore, socio-demographic data determinants of the participants in our study (age, marital status and education level) proved to significantly influence stress perception.

Regarding the comparison between the studied nurses at pre and post program regarding to their physical stress shows that there is significance difference regarding subjects` physical stress pre and post intervention regarding suffering from high blood sugar ($p < 0.05$*). Also, there is high significance difference regarding subjects` physical stress pre and post intervention regarding suffering from high blood pressure, pain in the neck, a tendency to vomit most of the time, pain during work, stomach disorders to enjoy the food, hyperacidity of the stomach, cramps in my muscles and headaches after the end of the work period

These findings were in accordance with study done by **Williams (2018** an Australian study of pediatric oncology healthcare providers who found the majority of the studied nurses suffered from high blood pressure, high blood sugar and heart palpitation during the work.

As regards to comparison between the studied nurses at pre and post program regarding

to their psychological stress shows that there is significance difference regarding subjects` psychological stress pre and post intervention 36% of them usually felt sluggish most of the time while working pre-intervention while, only 14% of them did post- intervention and 50% of them usually felt not wanting to come to work pre-intervention while, only 18% of them did post- intervention. Also 38% of them usually felt discomfort in the department pre-intervention while, only 10% of them did post- intervention.

Regarding to comparison between the studied nurses at pre and post program regarding to their family stress there is highly significance difference regarding studied subjects` family stress pre and post intervention regarding risk of having their kids this cancerous disease, presence any pain in body, think it's cancerous pain, constantly checks children to make sure they are free from cancer, constantly checks children to make sure they are free from cancer, afraid to infect children with the disease while working these findings disagree with **Joinson, C. (1992).** in European Journal of Pediatric Nursing Stated that the majority of studied sample had time man agent for caring with their family. They also found the hospital provided a place for caring of nurse's children while working. So the researcher suggests that the organization must provide transportation to get to work or get into a home after work shift and provide in the hospital a place to care for nurse's children while working {nursery school}.

Regarding to comparison between the studied nurses at pre and post program regarding to their physical symptoms of compassion fatigue there is highly significance difference regarding studied subjects` physical symptoms of compassion fatigue pre and post intervention regarding that they suffer from dizziness sometimes, feel difficulty in breathing at times, suffering from high blood pressure, have high blood sugar and have neck pain On the other hand, there is no significance difference regarding studied subjects` physical symptoms of compassion fatigue pre and post intervention regarding suffering from varicose veins .these findings is an agreement with the findings of (**Kath et al. 2013),** who measured burnout psychological distress and physical symptoms, the results showed that the majority of sample specialty female nurse had physical disorder related to work as from difficult to concentrate and think difficulty of sleeping sometimes, feel tired and exhausted at the end of work Period, a hard time waking up early in the morning to go to Work, suffer from stomach and colon disorders, headaches, back muscle and joint pain, rapid heartbeats, suffer from varicose vein suffering from high blood pressures, have high blood sugar and neck pain. So the researcher suggests that utilize good sell -care and learn various coping strategies to prevent or overcome the effect of stress.

Regarding to comparison between the studied nurses at pre and post program regarding to their knowledge of stress management strategies shows that there is high significance difference regarding subjects` knowledge of stress management strategies pre and post intervention only 10% of them usually suffered from not being compensated financially, which is appropriate for my performance and effort at work preprogram while, 62% of them did post-intervention. Only 16% of them usually take a deep inhale and also exhale, which controls the heart rate, and the level of blood flow in the body pre-intervention while, 66% of them did post-intervention. Only 10% of them dislodging and unloading negative feelings for a comfortable person who cares about your interest pre-intervention while, 60% of them did post-intervention. In contrast **HaGani et al.,(2022**)who showed that there were highly statistically negative correlation between availability of compassion fatigue & Stress Management intervention, which indicated that

availability of compassion fatigue increase with decrease stress management intervention. According the researcher point of view, an explanation of negative relation between availability of compassion fatigue & Stress Management is that compassion fatigue is A huge increase was noticed in the item Is the mobile phone turned off for a while to gain clarity as the mean increased and also the item Take a break, even a small one, from work or home responsibilities to regain activity and relieve stress as the mean increased with stress management intervention

Regarding the result of the present study revealed that there is a significant difference between total score of compassion fatigue pre and post program. The total score of sign of compassion fatigue decreased after stress management intervention Also there is a significant difference between total score of Assessment pre and post intervention, these findings of this study were agree with results of **Williams, .(2018).** who Studied effect of work stress management for oncology nurse in France and described that most of the studied sample had decreased of sign of compassion fatigue after stress management intervention. So, the researcher suggests that educational and training programs facilitate non-judgmental attitudes and to develop realistic expectations.

Oncology nurses are challenged with the increased responsibility for coordinating quality childcare with limited resources and support. The real challenge for nurses is to meet the mental, social, cultural, spiritual, and developmental needs arising from patient's emotional responses to their diagnosis. Hence, it is necessary to assess work stress facing pediatric oncology staff nurses and their stress management knowledge. And assessing compassion fatigue among pediatric oncology nurses. And must develop and implementing work stress management program for nurses to increase their knowledge about stress management strategies and decrease their compassion fatigue.

Conclusion:

The study provided that the nurse perceived moderate to severe level of stress, the majority of studied nurse had a compassion fatigue, this study achieved developing and implementing work stress management program for nurses to increase their knowledge about stress management strategies and decrease their compassion fatigue

Recommendations:

-Training stress management skills using the role of positive attitude towards the profession.

-Training courses to increase knowledge to the level of the nurses,

-Continuous education, social support and creating self-confidence among nurses.

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تأثير تطبيق برنامج عن معالجه ضغوط العمل علي الاجهاد العاطفي لتمريض أورام الأطفال

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يستخدم مصطلع الاجهاد العاطفي في الأصل في مجال التمريض لوصف الممرضات الذين فقدوا تعاطفهم مع المرضى بسبب التأثير التراكمي لضغوط العمل والعمل مع الأشخاص الذين يعانون وتعريفهم على أنه "وعي متعاطف مع ضائقة الآخرين معًا مع الرغبة في تخفيف ذلك. الرحمة هي عنصر ضروري للعلاقة العلاجية بين مقدم العلاج والمريض. لذا تهدف الدراسة إلى تحديد تأثير تنفيذ برنامج إدارة ضغوط العمل على الاجهاد العاطفي لدى ممرض أورام الأطفال وقد أجريت هذه الدراسة في المعهد القومي للأورام والذي يتبع لمستشفيات جامعه القاهره على عينة هادفة من (50) ممرض وممرضه يتعاملون مع مرض سرطان الأطفال. وقد أظهرت النتائج بوجود تحسن كبير إحصائيًا في النتيجة الإجمالية لمعلومات الممرضين وخبراتهم حول اداره ضغوط العمل بين تنفيذ البرنامج قبل وبعد تنفيذ البرنامج. لخصت الدراسة إلى أن البرنامج النفسي التعليمى كان له تأثير إيجابي على معلومات الممرضين وخبراتهم حول اداره ضغوط العمل . كما اوصت الدراسة يجب إجراء تقييم دوري للاجهاد العاطفي للممرضات بشكل منتظم للكشف المبكر وتطوير برنامج تدريبي لتحسين قدراتهم على التكيف وتقليل إجهاد التعاطف لديهم ويوصى ببرنامج التوعية الذاتية للممرضات لزيادة وعيهم الذاتي الذي يعد المكون الرئيسي لمهارات إدارة الإجهاد