**Research Article Critique**

Wu, S., Singh-Carlson, S., Odell, A., Reynolds, G., & Su, Y. (2016, July). Compassion Fatigue, burnout, and compassion satisfaction among oncology nurses in the United States and Canada. In *Oncol Nurs Forum* (Vol. 43, No. 4, pp. E161-E169).

**Introduction**

The research article by Wu et al. (2016) purposed to investigate the different experiences of oncology nurses including burnout, compassion exhaustion, and compassion satisfaction. It also compared these experiences between cancer nurses in Canada and America (Wu et al., 2016). Studies have shown that cancer caregivers experience two major work-related adversities that are burnout and compassion fatigue. Because of the nurses’ continuous interaction with the cancer patients and families, they are likely to develop emotional sorrow, and burden; especially if they experience traumatic incidences like death. The continual exposure to human sadness as well as the need for care provided in these conditions has led to the development of work-related exhaustion and compassion tiredness among cancer caregivers. This further framed the basis of this research and its objective of examining the varied experiences of the cancer nurses in America and Canada with regards to burnout, compassion exhaustion and satisfaction. Therefore, the supportive working environment and conditions are important in enhancing compassion satisfaction thus reducing cases of burnout and compassion fatigue.

**Research Questions**

The study aimed at answering two questions including; what health, personal, work and demographic factors influenced the risk of burnout and compassion fatigue among the American oncology nurses compared to those from Canada? Also, the study answered the question what is the correlation between the experiences of compassion fatigue, compassion satisfaction and burnout among the United States oncology nurses compared to the Canadian nurses based on their varied healthcare provision systems? (Wu et al., 2016). These research questions were founded on the differences in healthcare delivery systems in the two countries, where the United States utilizes the non-universal healthcare system while Canada applies the universal healthcare scheme. Therefore, the variations in healthcare systems have an immense influence on their cancer care delivery models.

**Research Design**

The study utilized a quantitative research design that is non- experimental and descriptive.  The descriptive and non-experimental quantitative approach was employed because it made it possible for the investigators to use surveys as the main data collection method. Furthermore, the research method can be described as correlational since it compares the experiences of nurses in two different healthcare provision systems (Ingham-Broomfield, 2014). The design strengths include allowing the inclusion of larger samples thus generalizing the conclusion. In addition, the method allows for making standardized and systematic comparisons just like in this study. The design is also time-saving and less costly compared to the experimental designs (Choy, 2014). On the other hand, the study design may also be weak, especially on its sample homogeneity impression, which may not always be true. The method also required constant monitoring so as to ensure compliance with the research hypotheses (Choy, 2014).

**Study Sample**

The sample utilized in the study was of practicing oncology caregivers who worked in the United States and Canada. The participants were members of either Oncology Nursing Association or the Canadian Association of Nurses in Oncology. The sample size was 549 participants with 486 being United States participants and 63 were Canadian participants. The sample size was adequate and it was large enough; however, the immense variation in the number of participants from the two countries was not adequate. The Canadian participants were few compared to the American participants thus the results were bound to be biased.

**Data Collection Method**

The data collection method employed in the study was online surveys. The participants’ emails were acquired from the ONS and CANO platforms after seeking permission from the organizations, and emails sent with a link to the survey as well as consent form. The recruited participants were then exposed to Fluid Surveys, which is an online survey tool for collecting data.  Also, the survey utilized an online modification of the Abendroth demographic questionnaire as well as a ProQOL scale (Wu et al., 2016). The method employed ethical standards during the process where the consent forms were to be filled and signed by all participants before engaging in the survey. Also, the participants had the choice of either answering all questions or declining to answer. Further ethics approval for the study was provided by the California State University ethics committee.

**Research Limitations**

The study was characterized by a number of limitations.  First the sample size of the Canadian respondents was not sufficient in capturing the Canadian experience of oncology nurses. This aspect cannot allow for generalization of the Canadian nurses’ experience. Also, male nurses were not included in the research, thus making the study gender biased. The study also used a wider age range which did not provide age gaps that may have accomplished more accurate participants' responses. Also, the nurses were not categorized into staff nurses and advanced practice nurses; thereby the difference in experiences was not considered. These limitations may be overcome by; including an adequate number of Canadian nurse participants; including male nurses as they are also essential for the study; using smaller age brackets so as to provide more options for achieving accuracy; and including nurses' experience in the study as a variable. Limitations are vital for any research since they recognize areas of weakness and possible solutions to the future studies.

**Research Findings**

The research findings showed that workplace burnout and compassion exhaustion can be reduced by promoting a healthy work atmosphere. The oncology nurses in both America and Canada related burnout, compassion exhaustion, and compassion satisfaction to working conditions (Wu et al., 2016). Demographics were an essential factor in the study as younger nurses were discovered to experience moderate to high levels of compassion exhaustion as well as burnout; while the older nurses had experienced minor cases of compassion tiredness and burnout. The oncology nurses cohorts’ experienced elevated levels of compassion fulfillment and minor levels of compassion tiredness as well as burnout. The findings supported the research questions as they fully answered the two questions. The findings were also credible since they were applicable in real clinical scenarios.

**Summary and Conclusion**

The research article incorporates all the necessary research features including aim of the study, research questions, research design, sample and data collection, research limitations, and findings. These aspects enable the article to be termed as a research paper. The article’s findings are evidence-based since they can be employed in the nursing and clinical settings. In conclusion, oncology nurses require healthy workplaces in order to overcome cases of compassion exhaustion and burnout. The study particularly stressed the importance of a supportive and healthy work atmosphere, and the findings can be significantly applied in making changes in health systems practicing preventive interventions.

**References**

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