Compassion Fatigue

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Compassion fatigue is a prevalent issue in healthcare fields and can lead to lower quality care, further mental health problems, among other areas of healthcare providers lives (Cocker & Joss, 2016). Because compassion fatigue has the potential to negatively impact many areas of nurse’s lives; it is important to understand what compassion fatigue is, why is occurs and how to recognize it, and interventions to reduce it. Some studies define compassion fatigue as pathogenic feelings of remorse that stem from empathy while others define it as stress from trauma as opposed to guilt (Cocker & Joss, 2016; Duarte & Pinto-Gouveia, 2017). For the purpose of this article, compassion fatigue is defined as an emotional strain or exhaustion that stems from feelings of empathy.

**How to Recognize Compassion Fatigue**

As nurses are aware of signs and symptoms of compassion fatigue in both themselves and coworkers, the healthcare field can be better protected from the dangers of this emotional strain. Divided into six categories of causes of compassion fatigue, Henry (2014) lists provided several examples of signs to watch out for. For example, a nurse who works through breaks or refuses to take lunch is likely to suffer from workload related compassion fatigue as evidenced by the nurse being exhausted by shift’s end (Henry, 2014). Breaks allow nurses to destress and allow the mind to process the emotions the nurse experiences throughout the day. Nurses who skip lunch deny self-care opportunities and are at higher risk for compassion fatigue.

A nurse who upset about a patient’s death is at risk for control-related compassion fatigue if the nurse feels powerless in the situation (Henry, 2014, p. 213). Nurses not expecting to be able to make a change in the lives of those treated may feel helpless, which can lead to compassion fatigue. The same can be true with nurses who become especially invested in a patient’s wellbeing because this puts the nurse at risk of emotional trauma related to the patient’s outcome. If the nurse is upset due to feelings of guilt for not providing better care, or feelings of weakness, the nurse could be experiencing compassion fatigue as well.

A nurse new to the floor who feels isolated is at risk for community related compassion fatigue because the nurse does not yet have a strong support system in the coworker team (Henry, 2014, p. 213). Nurse beliefs that the facility does not appreciate employee’s effort, share similar values or priorities with patient care, or that there is little opportunity for growth at the facility are all signs that a nurse may be suffering from compassion fatigue (Henry, 2014, p. 213). Both of these signs are due to a lack of support system for each nurse. Nurses who lack support are at higher risk for compassion fatigue, and nurses who reject support systems may be currently experiencing compassion fatigue, as that is a common symptom.

Generalized symptoms of compassion fatigue include both hyper and hypo emotional responses including anger or impaired ability to empathize (Cocker & Joss, 2016). As the emotional strain from work progresses, nurses may turn to substance abuse, have increased symptoms of anxiety or depression, separate from close relationships, or show signs of burnout. In short, compassion fatigue can negatively impact every part of a nurse’s life (Cocker & Joss, 2016), so it is imperative that it be caught early and treated on both facility and personal levels.

**Interventions**

Interventions can be applied at facility levels to prevent compassion fatigue progression, but it is also necessary for individual nurses to acknowledge feelings of fatigue and implement personal measures to resolve them. Studies have shown that increased manager support correlated with increased compassion satisfaction (Hunsaker, Chen, Maughan, & Heaston, 2015). Managers who support nurses offer best practice training, help alleviate work overload, and can offer empathy. Facilities that seek out technology advancements and uphold best practice policies reduce compassion fatigue by decreasing the amount of work per nurse (Henry, 2014). Both technology advancements and best practice decrease stress related to work overload. These facility-wide interventions may be put in place to strengthen the support system nurses have while in the workplace.

Other facility wide interventions include recognizing and rewarding staff members, providing educational or promotional opportunities, and encouraging friendships between staff members (Henry, 2014). Simple validation does wonders for encouraging nurses in their work and lifting morale.

Personal interventions include actively participating in hobbies outside of work and being mindful of day to day habits (Duarte & Pinto-Gouveia, 2016). Mindful approaches to nursing have been shown to positively impact compassion satisfaction as well as other areas of the nurse’s lives (Duarte & Pinto-Gouveia, 2016). Activities that support mindfulness can include walks and quiet time during work and alternating work activities (Henry, 2014).

**Conclusion**

Compassion fatigue, if discovered and treated early on does not have to progress to affect all aspects of a nurse’s life. Compassion fatigue is a serious risk of nursing but can easily be prevented by self-care practices and facility protocols. As nurses watch for symptoms of compassion fatigue in themselves and coworkers, healthcare providers can avoid the emotional strain that often accompanies caring for others.

References

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