

Compassion Fatigue



Definition

Most healthcare providers enter the field with the intent to help others and provide empathic care for patients with critical physical, mental, emotional, and spiritual needs. Healthcare providers, however, can be impacted by the continuing stress of meeting the often overwhelming needs of patients and their families which may result in compassion fatigue. Compassion fatigue affects not only the healthcare provider in terms of job satisfaction and emotional and physical health, but also the workplace environment by decreasing productivity, the quality of the work and patient satisfaction and increasing turnover.

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Compassion fatigue (CF) results in a decreased ability to cope with the everyday environment. It has been defined as a state of emotional distress and exhaustion and biological, psychological and social dysfunction resulting from:

1. Compassion stress
2. Chronic demands associated with caring for patients in significant emotional and physical distress, such as individuals that have experienced trauma.
3. Secondary traumatic stress (STS) combined with cumulative burnout. STS is the result of exposure to a patient's traumatic experiences and cumulative burnout is a result of work related stressors that bring about feelings of frustration, a sense of loss of control, and decreased morale^{1, 2, 3}.

The presence of STS and/or burnout can increase the likelihood of developing compassion fatigue.



Signs & Symptoms

Physical	Emotional & Cognitive	Behavioral	Work Related	Spiritual
<ul style="list-style-type: none"> • Headaches • Digestive problems: diarrhea, 	<ul style="list-style-type: none"> • Mood swings • Restlessness • Anger and irritability • Oversensitivity • Anxiety 	<ul style="list-style-type: none"> • Excessive use of substances: nicotine, alcohol, illicit drugs • Isolation/Introversion 	<ul style="list-style-type: none"> • Avoidance or dread of working with certain patients or colleagues 	<ul style="list-style-type: none"> • Questioning the meaning of life • Loss of purpose

<ul style="list-style-type: none"> constipation, upset stomach • Muscle tension • Sleep disturbances: difficulty falling or staying asleep, increased sleep, nightmares • Tiredness & Fatigue • Cardiac symptoms: chest pain/pressure, palpitations, tachycardia • Increased incidents of illness or accidental injury 	<ul style="list-style-type: none"> • Depression • Anger and resentment • Loss of objectivity • Memory issues • Poor concentration and focus • Impaired judgment • Reduced empathy • Hyperarousal/Excessive alertness • Difficulty with decision making • Inability to separate personal from professional life 	<ul style="list-style-type: none"> • Increased interpersonal conflict • Pessimism • Moodiness • Hypervigilance • Increased startle response 	<ul style="list-style-type: none"> • Reduced ability to feel empathy towards patients or their families • Frequent use of sick days • Absenteeism • Loss of or decreased joy and satisfaction in work • Decreased ability to care for patients • Loss of productivity • Reduced standards of care • Clinical mistakes in patient care • Feelings of incompetence and inefficiency 	<ul style="list-style-type: none"> • Lack of self-satisfaction • Anger at God, • Questioning religious beliefs • Loss of faith • Skepticism
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Case Example

Noor attended nursing school and planned a career in cardiac nursing. After graduation, she began working on a busy unit in which several patients experienced multiple admissions to the unit. Noor was excited about her work and rarely took breaks during the workday. Her investment in her patients' wellbeing manifested in long work hours and in her trying to provide emotional support to patients' family members. She quickly gained the skills needed to work on this unit and was promoted to a leadership position within the unit.

Within a short time span three of Noor's primary patients died. Her workload remained intense and Noor began viewing her work as drudgery. She could barely arrive at work on time and avoided working with patients whose illness required more demanding care. Noor's co-workers observed her changing behavior as she struggled to find a work-life balance. This changing behavior was also noticed by the nurse manager who attempted to adjust Noor's schedule to work shorter shifts. However, this new schedule did not decrease Noor's over involvement with certain patients and their families. Noor also continued to care for patients with end-of-life, cardiac disease processes. Eventually, Noor left her position to pursue less stressful work.

(Case example adapted from: Lombardo, B., Eyre, C. (2011). Compassion Fatigue: A Nurse's Primer. *OJIN: The Online Journal of Issues in Nursing*, 16 (1), Manuscript 3.)



Vulnerability Factors

Vulnerability factors for compassion fatigue can result from several areas, the first being a combination of empathy and a lack of boundaries. It is essential for healthcare providers to have an empathetic relationship with their patients but if this is combined with a lack of boundaries, compassion fatigue can result.

Empathy requires that the provider understand, both emotionally and cognitively, the experience of their patient and be able to communicate this understanding. This brings the provider closer to the patient but it can result in them more directly experiencing the patient’s distress⁵. Healthcare providers who are not able to find a balance of sufficient empathy with their patients and sufficient protective boundaries for their own emotions are more vulnerable to compassion fatigue.






Additional factors that have been identified as increasing vulnerability for compassion fatigue include: ^{3, 5}.

Working Environment & Workload	<ul style="list-style-type: none"> • A high intensity workload • Physically and emotionally demanding assignments • Additional workdays • Task repetitiveness • Perceived lack of control in the workplace/work • Low job satisfaction • Unclear outcomes or successes at work
Work/Life Balance	<ul style="list-style-type: none"> • Inadequate rest time during the workday and leave from work
Lack of Support	<ul style="list-style-type: none"> • Lack of meaningful recognition • Poor managerial support
Personal Self-Care	<ul style="list-style-type: none"> • Poor personal resilience and coping capacities

 **Prevention & Recovery**

Self-care practices can help prevent the development of CF. It is therefore recommended to identify and engage in replenishing self-care strategies that promote physical, emotional, and spiritual wellbeing with intentionality. Once you begin to routinely practice healthy self-care habits, they become part of your overall prevention plan. Not only do self-care practices strengthen your ability to cope while in the moment, but they can also help your body remember how to bounce back to a healthier state^{3,6}.

By focusing on building your strengths and carrying out self-care activities, you contribute to your behavioral, cognitive, physical, spiritual, and emotional resilience. The following strategies are helpful with building resilience:

 <p>Behavioral</p>	<ul style="list-style-type: none"> • Focus on the four core components of resilience: adequate sleep, good nutrition, regular physical activity, and active relaxation (e.g., yoga, meditation, relaxation exercises). • Engage in practices that build team cohesiveness. For example, engage with your fellow workers to celebrate successes and mourn sorrows as a group. • Reduce workload intensity and repetitiveness and integrate variety into your work, where possible. • Seek a mentor, supervisor, or experienced healthcare colleague who understands the norms and expectations of your work and may assist in identifying strategies that will help you cope with the current work situation, by enhancing the work environment and promoting work-life balance (e.g., changing the work assignment; recommending time off or reducing overtime hours; encouraging attendance at a conference; or becoming involved in a project of interest). • Take time away from work when possible. • Try to find things to look forward to, even if they are small. • Nurture positive personal and professional relationships and develop social support. Make time to communicate and spend time with friends and family. • Seek professional support • Be open to learning new skills to enhance personal and professional wellbeing.
 <p>Cognitive</p>	<ul style="list-style-type: none"> • Take time to be alone so you can think, reflect, practice grounding and rest. • Challenge any negative internal dialogue and focus on changing negative automatic thoughts and beliefs to reflect a more positive outlook^{3, 6}.
 <p>Physical</p>	<ul style="list-style-type: none"> • Get enough sleep or at least rest. This is of great importance, as it affects all other aspects of your work—your physical strength, your decision making, your temperament. • Drink enough fluids to stay hydrated throughout the day, and eat a balanced, healthy diet.
 <p>Spiritual</p>	<ul style="list-style-type: none"> • Try to spend time in nature regularly. • Build self-awareness capacities (e.g., through mindfulness, reflection practices) • Practice your spiritual beliefs or reach out to a faith leader for support. Find meaning or purpose in your daily activities and use strategies to remind yourself of the meaning of your work such as putting a reminder in your phone or a note on your desk.
 <p>Emotional</p>	<ul style="list-style-type: none"> • Make time to learn about the people with whom you work. Taking time for conversations will help foster feelings of positive regard toward yourself and others. • Create individual ceremonies or rituals. For example, write down something that bothers you and then burn it as a symbolic goodbye.

	<p>Focus your thoughts on letting go of stress or anger or on honoring the memory, depending on the situation. These rituals can also help you set a boundary between work and home, for example changing clothes as soon as you get home, having a shower, or putting on a specific song just before work and when you leave.</p> <ul style="list-style-type: none"> • Practice self-compassion.
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By focusing on building your strengths and carrying out self-care activities, you contribute to your behavioral, cognitive, physical, spiritual, and emotional resilience.

Lastly, compassion satisfaction (CS) refers to the sense of fulfillment you feel from the work you do. It can be a source of hope and physical and emotional resilience. CS, which can be developed with intentionality, serves as a protective factor against CF. Refer to the handout 'Compassion Satisfaction' for a definition and discussion on CS.



References

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