

Compassion Fatigue Literature Review

Kari Readel

McKendree University

Compassion Fatigue Literature Review

Compassion fatigue (CF) is a new term to the medical profession. Joinson first introduced CF in 1992. 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 (Fetter, 2012).

The prevalence rate of compassion fatigue among oncology nurses is “16%-39%, with burnout ranging from 8%-38%” (Potter et al., 2013, p.180). Not only does CF impact nurses’ jobs and health, it also impacts hospitals, and most importantly, patients. Healthy People 2020 is pairing with the Centers for Disease Control and Prevention (CDC) and the National Occupational Research Agenda (NORA) to help prevent risks that healthcare workers face including overexertion, shift work, and psychosocial stressors (Healthy People 2020, 2013). While research and knowledge exist about terms such as burnout and secondary traumatic stress, there is little known about compassion fatigue and its impact on oncology nurses. The purpose of this review is to increase nurses’ understanding of compassion fatigue, how it impacts them and their job, the education and implementation of interventions needed to help nurses, and the future research needed to further the knowledge of compassion fatigue relating to oncology nurses.

Compassion Fatigue Defined

There are varying definitions of CF that can be found today. This is in part due to the complexity of compassion fatigue, as well as the relative newness of the term.

Researchers have found it challenging to settle on one definition that sums CF up the best. So, each has decided to try to come up with what they perceive to be the best definition based on their studies and research. One of the earliest definitions is given by Aycock and Boyle (2009) in one of their studies stating that “compassion fatigue was referred to as deep physical, emotional, and spiritual consumption accompanied by significant emotional pain [...] that ultimately leads to emotional exhaustion” (p.184). Other experts see it as one of the many terms that can be used to describe the effects that caring for people experiencing trauma has on healthcare workers. Still others have created symbolic definitions, like Lewin, whom Bush (2009) quotes in one of her studies as having described CF as “holding patients’ despair in one hand and their hopefulness in the other” (p.25).

Perhaps one of the best, and most widely used definitions of CF comes from Coetzee and Klopper (2010) that developed a connotative definition of the term after studying all the various definitions of CF by comparing them, and breaking down the concepts. Their connotative definition states that CF:

“is the final result of a progressive and cumulative process that is caused by prolonged, continuous, and intense contact with patients, the use of self, and exposure to stress. It evolves from a state of compassion discomfort, which if not effaced through adequate rest, leads to compassion stress that exceeds nurses’ endurance levels and ultimately results in compassion fatigue. This is a state where the compassionate energy that is expended by nurses has surpassed their restorative processes [...] with marked physical, social, emotional, spiritual,

and intellectual changes that increase in intensity with each progressive state” (p.237).

Compassion Fatigue and Nurse Impact

As noted in the definitions just given, compassion fatigue is the ultimate result of caring repeatedly for someone going through a traumatic event. Anyone in the healthcare field is at risk for developing CF. However, oncology nurses have been recognized as one of the most at risk groups for CF out of all other nurses (Perry, Toffner, Merrick, & Dalton, 2011). Nurses today face stressful work conditions. Hospitals are going through organizational changes, and budget issues which results in less staff, having to do more with less, increased census, increased paperwork/charting demands, long hours and an increase in patient complexity due to poor healthcare access. These stressors lead to occupational stress, which can compound into CF (Sabo, 2011).

Couple this with the physical, emotional, and/or spiritual suffering that face patients who have cancer. “Oncology nurses carry much of the responsibility for providing care to these individuals. The complexity of care required, combined with the potential intensity of nurse-patient relationships in an oncology setting, may place cancer nurses at high risk for CF” (Perry et al., 2011, p.91). Many oncology nurses not only deal with patients battling cancer, but also patients that are at the end of their battle and being put on hospice. This provides more challenges to the nurse taking care of these patients, as they struggle to provide symptom management to make the patient as comfortable as possible. “Those in need of care at the end of life merit the most competent, expert, evidence-based care provided in a way that embodies compassion, respect for dignity, and an appreciation for the whole person and family” (Melvin, 2012, p.606).

This care that nurse's give is often selfless, with little regard for his or her own emotional and physical well-being. The embedded compassionate care that is in most nurses is what makes up Watson's theory of human caring. Jean Watson's theory

“is grounded in the basic empathic relationship between the nurse and the patient; this theory advocated for relationship-based nursing (RBN). At the core of RBN is empathy and the communication of empathy to the patient and the family [...] this necessary empathetic relationship can also contribute to compassion fatigue” (Lombardo & Eyre, 2011, p.2).

To get nurses to stop caring, or to stop giving their cancer patients the compassionate care they deserve is simply not possible. Most nurses enter the nursing profession because they like taking care of people, and feel they have a lot of care to give to sick people. However, as Newsom (2010) states, “nurses with a personal tendency toward self-sacrifice, high work-life demands, anxiety states, and excessive empathy are at risk for developing CF” (p.44). This is the crux of the problem; how do professionals help nurses combat CF, without losing the drive and compassion that they have?

While caring for oncology/hospice patients, oncology nurses repeatedly witness trauma and suffering on a regular basis. As one oncology nurse states:

“As witnesses and healers, we cannot help taking on the emotional pain of those we are privileged to know and care for [...] we feel for those who are hurt by life's events: challenges, life threatening illness, impending death, sudden death, and bereavement. We do not just witness in the abstract, we actually experience the pain vicariously” (Showalter, 2010, p.239).

Aside from compassionate care being one of the biggest risk factors for a nurse developing CF, nurses that are committed to their job, highly motivated, and idealistic run a high risk as well. This is due to the disappointment and despair they feel if they cannot effectively care for their patient, or perceive they are providing inadequate care (Bush, 2009).

CF impacts the nurse experiencing it in different ways. There are many symptoms that it can manifest itself as. At first, those symptoms may seem very similar to those of burnout (low motivation, and increased work absence), but unlike burnout, CF symptoms have a very rapid onset. Symptoms can be work related, physical, and emotional. Newsom (2010) has witnessed some of her own staff suffer from CF and states that she noticed “an increased use of sick time, tardiness, erosion of judgment, interpersonal issues or angry outbursts, decreased productivity, substance abuse, and apathy” (p.44).

Some symptoms can manifest themselves like those of depression where the nurse starts “withdrawing from family and friends; losing interest in things once enjoyed; having persistent thoughts and images related to the problems of others” (Showalter, 2010, p.240). Other symptoms include: headaches, digestive problems (diarrhea, constipation, upset stomach), muscle tension, sleep disturbances (insomnia, or too much sleep), fatigue, cardiac symptoms (chest pain/pressure, palpitations, tachycardia), mood swings, restlessness, irritability, oversensitivity, anxiety, loss of objectivity, memory issues, and poor concentration, focus, and judgment (Lombardo, & Eyre, 2011). Some symptoms may even resemble those of Post-Traumatic Stress Disorder (PTSD). In fact, many researchers state that the repeated patient trauma that nurses face, and the loss of

patients can produce the beginning effects of PTSD. Some of the symptoms can include: “re-experiencing the traumatic event, having intrusive thoughts, avoiding or numbing reminders of the event and having sleep disturbances” (Najjar, Davis, Beck-Coon, & Doebbeling, 2009, p.268).

The cost of caring has implications beyond those pertaining to the nurse suffering from CF. The hospital can feel the effects through an increased effort to maintain a competent and caring nursing staff. These are associated with “patient satisfaction with nursing care and are predictors of patients’ overall satisfaction with hospital care” (Potter et al., 2013, p.181).

Identification of Interventions/Treatment

In an effort to examine why compassion fatigue occurs, and what treatment would be best to combat the effects, researchers have started performing studies on oncology nurses, and other nurses, to examine these questions and more. In a study done by Perry et al. (2011), interventions were examined that nurses found helpful at treating compassion fatigue. Based on a survey of oncology nurses at differing hospitals, four key interventions were determined based on the results. They included: increasing education about CF, promotion of teamwork and collegial support, developing a philosophy of ‘there is always something more they can do’, and discussing appropriate emotional attachment. The intervention that has been shown to have the greatest impact is increasing education so that symptoms are recognized early, and so treatment can begin right away. Showalter (2010) states, “research has demonstrated that the symptoms of CF are very responsive to treatment once recognized and addressed” (p.240).

Another treatment that many hospitals are finding to be successful is the development of an accelerated recovery program (ARP). In a study conducted by Najjar et al. (2009), it was found that hospitals that reported having an ARP had lower levels of CF noted among their nurses. ARP's include five sessions in which caregivers meet with trained professionals that are able to use copyrighted protocols specifically developed to address symptoms pertaining to CF and burnout. Due to its success, another program called Certified Compassion Fatigue Specialist Training (CCFST) was developed as a means of further training professionals in useful interventions to help those suffering from CF. Najjar et al. (2009) found that CCFST "enabled participants to receive the skills to reduce CF in others as well as themselves which is helpful for those professionals who may be hesitant about seeking treatment for themselves" (p.274).

Perhaps a different approach to treatment is one that can impact nurses and the hospital organization alike. Potter et al. (2013), in their research article, suggest looking at developing and implementing systematic prevention and treatment plans. They state that investing in education, support and intervention programs for staff would be of benefit to healthcare organization's resources. "Such efforts can go beyond the impact on the well-being of individual nurses and also can impact larger organizational issues, such as staff turnover and patient satisfaction" (Potter et al., 2013, p.181).

One of the programs specifically mentioned in their article is a compassion fatigue resiliency program. This program is specifically designed to empower nurses to better recognize threatening, traumatic events and to effectively manage the stress that accompanies those situations. Those that participated in this program reported personal and professional benefits. The program is still newly developed and the results should

continue to be studied over a longer period of time. However, it has been shown to create “great promise with respect to informing nurses about the nature and impact of compassion fatigue in their work and personal lives [and] can improve staff job satisfaction, decrease turnover, and improve patient satisfaction within the hospital” (Potter et al., 2013, p.185).

A different, perhaps more standard approach to treating CF is through education and different techniques to help nurses take better care of themselves. Increasing education about CF will not only help nurses be able to recognize it in themselves and others, but could help nurses take measures so that they never experience it. “The increase in knowledge of the existence of compassion fatigue and its manifestations would enable nurses to become aware of others who might be suffering from compassion fatigue and would facilitate the development of a peer support network” (Coetzee & Klopper, 2010, p.241).

Among the intervention of promoting teamwork and collegial support, the need to develop mentor, or preceptor programs was found to be essential to “provide colleague support through debriefing or discussion of difficult patient situations” (Perry et al., 2010, p.96). It is also necessary for staff to feel that there is always something they can do to lessen the suffering of others. Perry et al. (2010) also state “emotional involvement needs to be addressed in orientation and in ongoing professional development arenas. This is also an important topic for further research” (p.97). As stated previously, the key intervention to combating CF is early recognition. This recognition comes from general knowledge about CF, and the signs and symptoms to look for in order to catch it early on. Coetzee and Klopper (2010) concur stating information about CF will help empower

nursing students and allow them to cope with the work stressors and develop effective protective measures to prevent development and progression of CF.

Activities to help with this healing must be centered on comfort, restoration, rejuvenation, and empathetic caring. Bush (2009) states, “only when nurses take time to heal themselves can they be truly available to aid in the healing of others” (p.27). Bush (2009) also states in her article that nurses need to be looking out for countertransference reactions, and over-involvement or withdrawal. She suggests setting boundaries with patient and family interactions and relationships, and learning to reach out for support from coworkers, family, and friends. Education provided to nurses can also prove helpful in identifying CF among themselves and colleagues. “An educated staff is more likely to recognize CF in self and colleagues, and this knowledge can also empower self to intervene in order to proactively reduce the effects of CF” (Potter, Deshields, & Rodriguez, 2013, p.331).

Education regarding CF is not only beneficial for staff nurses, but also for nurse leaders, and nurses in administration. “The most effective interventions for dealing with CF are a combination of changes in managerial practice and educational interventions” (Aycock & Boyle, 2009, p.187). Often times, nurse managers can also be among the first to recognize symptoms of CF in their nurses before anyone else, and thus play a very important role in helping prevent CF. Romano, Trotta, and Rich (2013) in an article of theirs state “nurse leaders have a heightened awareness for nurses who may be showing signs of compassion fatigue” (p.336). They continue by recommending nurse leaders ensure staff is taking time for healing and renewal, ensure nurses are performing renewal practices such as reflection, exercise, better nutrition, avoiding excessive hours, setting

limits, and adequate rest, as well as making necessary changes to their schedule or staffing assignment in order to protect their emotional well-being.

Newsom (2010) also concurs that nurse managers can play a big role in reducing the risk of CF among their staff. She suggests nurse managers “decrease work-related stressors such as inadequate supplies, inefficient use of space or disorganization, and processes that don’t support nurses” (p.45). She also suggests creating a quiet space to provide a reflection area for staff has proven to be useful among her staff. Potter et al. (2010) also recognize how important nurse managers are to the prevention of CF. They suggest nurse managers analyze their floor and the varying demographics in order to understand the unique needs of the floor, and staff in order to provide direction for a program that will better suit the needs of the floor. “Understanding the effects of caring for patients with cancer on professional caregivers is a responsibility of healthcare management” (Potter et al., 2010, p.60).

While there is much information provided about CF, the reality is that there is still so little known about it. There is overwhelming evidence that CF negatively impacts nurses, patients, and the healthcare system. Only a small amount of literature exists that addresses ways to combat CF (Romano et al., 2013). The lack of conceptual clarity has also hindered empirical studies and measurements from being performed that could help study the various concepts of CF.

It is clear that healthcare administrators have their work cut out for them in helping to curb CF rates. If hospitals want their staff to take better care of patients, and increase patient satisfaction scores, nurses need to be provided with the necessary tools to help take better care of themselves (Potter et al., 2013). Concurrently, administrators

must work toward better understanding “the link between the empathic sensitivity of the healthcare profession and the vulnerability to CF” (Najjar et al., 2009, p.275).

Looking at all of the treatment options listed, it is clear to see that education is among one of the top preferred treatment options. Researchers suggest not only educating nurses that have already been working, but also starting education to new nurses in nursing school, and even in new employee orientation programs. If more nurses can become educated and empowered with information about CF, then perhaps fewer nurses will start experiencing it and it will go away altogether. This is the basis for why the author will be providing a thirty-minute, power point presentation to a group of oncology/hospice nurses on the oncology floor at her hospital. During the presentation, information will be provided regarding what CF is, symptoms associated with it, and ways to prevent it. Prevention is key, and the best way to prevent CF is through education so that all nurses can play a role in making sure other nurses never experience it.

Intervention Plan

There are many resources that exist at the national, state, and local level that can help manage CF. At the national level, and even international level, there are many organizations that provide resources, training and counseling for different caregivers (Compassion Fatigue Awareness Project, 2013). Each organization lists contact information, either email and/or phone number so that contact can be made. These are all grouped together on the Compassion Fatigue Awareness Project website. While many of these organizations are out of state, at least for Illinois, they can provide services over the phone, or even put the struggling caregiver in touch with a local service that could help

them. They also provide information about upcoming speaking events around the United States pertaining to CF.

The website is also a helpful tool in and of itself. It provides information about what CF is, how to recognize it, how to help combat it, and how to prevent it (Compassion Fatigue Awareness Project, 2013). It also lists a test that can be taken to determine how likely, or at risk you are for having CF. They also provide materials to those that want to go through CF training. In addition, there is a section that lists books about CF that the website lists for those that are struggling, or have struggled in the past with this condition.

At the state level, there are many counseling services that can be beneficial if support through the work place does not want to be considered as an option. Most times people combating CF tend to suppress their emotions. Counseling offers the support and information that can start the self-healing. This combined with a healthy diet, regular exercise, and time for self-care are listed to be among the most beneficial treatments for CF (Compassion Fatigue Awareness Project, 2013).

At the local level, most hospitals now have multiple programs that can provide support to the nurse. Some have employee assistance programs that give different care based on what the hospital thinks is necessary. Some include talking with a pastor, the intervention nurse, a group of nurses, a counselor, or a combination. Others have a specialized team that is 'on-call' and carries a pager so that if a nurse needs help, someone from the team, or the intervention nurse, can respond immediately. Many of these resources are not as utilized due to the nurses wanting to keep their 'weakness' hidden from coworkers, or other staff in the hospital. Other resources include residency

programs, which are prevalent at many hospitals these days in one form or another.

While many still do not include training or provide information about CF, some do, and it proves to be valuable among new nurses.

The long term, ultimate goal of the community project, is to increase awareness so that more nurses will be able to protect themselves from CF, or be able to recognize it in themselves and others so that they can seek treatment immediately. To achieve this goal, information will be presented in the form of a power point presentation (Appendix A). Information presented will include definitions of CF, the prevalence, risk factors, a comparison and contrast between burnout and CF, symptoms, key interventions/treatments, and the resources that are available to them. Several behavioral objectives were identified to help provide a basis for the content of the power point presentation that are important to increasing overall awareness of CF. They are: increase the general knowledge of CF, be able to distinguish between burnout and CF, and be able to identify interventions helpful in treating CF. To assess whether the presentation achieved the objectives listed, a questionnaire based on a Likert scale will be used (Appendix B).

This presentation is directed at oncology nurses in an inpatient setting - namely Memorial Hospital. There are approximately twenty to thirty oncology nurses that work on this floor. Their educational background spans from Associate's Degree in Nursing (ADN) to Master's of Science in Nursing (MSN). Almost all of the nurses are female, with the exception of two that are male. One of those males is a Licensed Practical Nurse (LPN). Eighty percent of the floor has achieved board certification, while only one nurse has achieved oncology certification. The majority is Caucasian, with a small percentage

of African Americans and Filipino's. The majority of nurses have greater than fifteen years of experience, while the rest have between one to ten years of experience. Many of the nurses are married with families and fall between the moderate to wealthy category. None of the nurses are poor. Most of the nurses on the floor are receptive to learning, and therefore no barriers to learning were identified.

Conclusion

Overall the project was a success. In addition to presenting to a group of experienced nurses at two different staff meetings, I also had the opportunity to present to two groups of nursing students in their first year of nursing school. This turned out to be more beneficial than presenting to the group of experienced nurses. While the information was relevant for the experienced nurses, many of them had already suffered through CF and knew what to expect, and how to prevent it. However, for the nursing students, they were able to get a glimpse of what nursing could be like, and will hopefully be able to apply this knowledge when they are on their own in a healthcare setting and be able to prevent this from ever happening to them.

While I was able to present to more groups, the overall number of people I presented to was still limited. There were many nursing students missing on this day, so in total, I presented to four of them, plus one nursing instructor. At the staff meetings, I presented to a total of twenty-five nurses, including a nurse manager, director of nursing, patient care techs, and unit secretaries. This presentation would have been more effective with a larger number of nurses, and/or a larger number of nursing students. Based on the response from the questionnaires, I feel this presentation was still effective and had very useful and informative information. Much of the information I used in my presentation, I

took right from my paper, or the research articles. I feel that there is a wide range of research articles included in this paper, and that it is current and relevant with what researchers are finding about this condition.

Further research needs to be developed to not only study effects on different nursing professions, but to also develop a theory of CF within nursing practice to “develop a reliable, validated instrument to measure CF among nurses [...] and to determine whether recovery from CF is indeed possible, or whether compassion ability is permanently altered” (Coetzee & Klopper, 2010, p.242). Not only is it important to learn the long-term effects that CF has on nurses, but is equally important to learn how past psychological history of a nurse can affect their response to CF, such as a “history of trauma, social support, coping strategies or the stress process in general” (Najjar et al., 2009, p.276).

In addition to general information about CF lacking, there is also much less known about its impact on oncology and hospice nurses. Melvin (2012) states, “Further research exploring CF among hospice and palliative care nurses is needed. For example, current literature suggesting number or percentages of hospice and palliative care nurses experiencing these symptoms is limited” (p.611). It would be beneficial to know a percentage of how many nurses, in their varying nursing professions, are affected, and to be able to study those percentage of numbers over time to see if the problem is getting worse, or if numbers are improving.

With oncology nurses being among the most at risk for compassion fatigue, it is evident that more needs to be done to ensure the safety and well being of the nurses and patients. Sabo (2011) stated that based on her studies, more “research is needed to fully

explore the role of self-sacrificing behavior as a contributing factor for increased risk of compassion fatigue, as well as the role of individual characteristics and organizational factors” (para. 14). Few studies have been conducted relating hospice nurses and their risk for compassion fatigue. Similarly, few studies have been done correlating different oncology healthcare settings with those of the hospice settings.

In order to gain better insight into compassion fatigue and its impact on oncology nurses, more research needs to occur. Hospitals need to be making steps to ensure the protection of their nurses that are at high risk for compassion fatigue, despite the hardships of the healthcare system today. Investing in interventional programs to assist these nurses will, in the long run, ensure better retention rates and nurse satisfaction scores, overall patient satisfaction, and less money spent hiring and training new staff.

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Appendix A

- Compassion Fatigue
- By: Kari Readel
- Objectives
- Increase general knowledge of compassion fatigue
- Be able to distinguish between burnout and compassion fatigue
- Be able to identify interventions helpful in treating compassion fatigue
- Increase awareness of this condition
- Prevalence
- Prevalent among all spectrums of the healthcare profession and is flourishing
- One of the most at risk groups is oncology nurses, with a prevalence rate of 16-39% (Potter et al.,2013)
- Higher prevalence due to intense, caring relationships and interactions with patients and families while providing end of life care, or treatment to those with life-threatening diseases, such as cancer
- Definition
- Many varying definitions due to the complexity of the term, as well as its newness
- “the final result of a progressive and cumulative process that is caused by prolonged, continuous, and intense contact with patients, the use of self, and

exposure to stress. It evolves from a state of compassion discomfort, which if not effaced through adequate rest, leads to compassion stress that exceeds nurses' endurance levels and ultimately results in compassion fatigue. This is a state where the compassionate energy that is expended by nurses has surpassed their restorative processes [...] with marked physical, social, emotional, spiritual, and intellectual changes that increase in intensity with each progressive state (Coetzee & Klopper, 2010, p.237)

- Risk Factors

- Caring repeatedly for someone going through a traumatic event
- Occupational stress produced from: budget issues, low staffing, increased census, long hours, increased patient complexity, and increased paperwork/charting demands
- Little regard for his or her own emotional and physical well-being
- Self-sacrifice, high work-life demands, anxiety states, and excessive empathy (Newsom, 2010)
- Compassionate care towards patients and families
- High commitment to the job, high motivation, and idealistic personality

- Burnout vs. Compassion Fatigue

- Burnout
- Stems from conflict within the work setting
- Arises when assertiveness-goal achievement intentions are not met
- Occurs over time

(Sabo, 2011)

- Compassion Fatigue
- Stems from emotional engagement and interpersonal intensity associated with witnessing tragedy within the work setting
- Evolves when rescue-caretaking strategies are unsuccessful, leading to distress and guilt
- Burnout vs. Compassion Fatigue continued
- Burnout
- Leads to gradual withdrawal
- Produces low levels of motivation, and job satisfaction as well as increased work absence
- Possible precursor to compassion fatigue

(Sabo, 2011)

- Compassion Fatigue
- Distinguished by three variables: triggers, chronology, and outcomes
- Acute onset
- Leads to nurse trying harder to give even more to patients in need
- Similarities
- Both impose added coping and adaptational demands upon nurses
- Produce feelings of frustration, powerlessness, and diminished morale
- Outcomes associated with a sense of depletion within the nurse

(Sabo, 2011)

- Symptoms
- Impacts each nurse differently

- Symptoms early on can mimic those of burnout: low motivation, increased work absence
- Others mimic depression: withdrawal from family and friends, loss of interest in things once enjoyed, persistent thoughts related to problems of others (Showalter, 2010)
- Increased use of sick time, tardiness, erosion of judgment, interpersonal issues or angry outbursts, decreased productivity, substance abuse, and apathy (Newsom, 2010)
- Headaches, digestive problems, muscle tension, sleep disturbances, fatigue, cardiac symptoms, mood swings, restlessness, irritability, oversensitivity, memory issues, poor concentration and focus (Lomardo & Eyre, 2011)
- Key Interventions
- Increase education
- Promote teamwork and collegial support
- Develop a philosophy of ‘there is always something more they can do’
- Discuss appropriate emotional attachment

(Perry et al., 2011)

- Increasing Education
- One of the most valuable interventions to help combat compassion fatigue
- Needs to start in nursing school, and continue during orientation
- Enables nurses to become more aware of others that might be suffering, and to recognize early signs in themselves

- Allows new nurses to better cope with work stressors and develop effective protective measures
- Increasing Education Cont.
- Helps facilitate the development of a peer support network
- Teaching must be provided to increase knowledge about countertransference reactions, over-involvement, and/or withdrawal (Bush, 2009)
- Essential to improving job satisfaction, turnover rates, and ultimately improving patient satisfaction
- Take Time for Self
- Most important to focus on caring and healing oneself
- Activities must focus on comfort, restoration, and rejuvenation
- Activities that may help include: yoga, exercise, getting a massage, eating healthy, and getting adequate sleep
- Interventions Available for You
- www.compassionfatigue.org
- - Provides: resources (books, information), training, counseling opportunities, tests to determine risk for getting CF and info about upcoming speaking events around the US
- Counseling
- Employee assistance programs (Open Arms available at this hospital)
- Residency programs
- What you can do
- Talk with someone or seek help

- Take a break and get off the floor
- Build a support system among colleagues
- Plan activities outside of work
- Take time for yourself
- Summary
- Can affect anyone, but especially those with little regard for themselves
- Burnout is a response to changes in the work place. Compassion fatigue is an emotional response when caring for patients with traumatic events
- Key interventions include: increasing awareness, promoting teamwork/collegial support, taking time for self, and increasing education
- Questions
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Appendix B

Compassion Fatigue Presentation Questionnaire:

Please circle the number for each question that represents how you feel about the information presented to you after hearing the presentation.

1.) You have a better understanding of what compassion fatigue is

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
5	4	3	2	1

2.) You would be able to tell the difference between burnout and compassion fatigue

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
5	4	3	2	1

3.) You would be able to list some of the interventions helpful in combating compassion fatigue

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
5	4	3	2	1

4.) Overall, this presentation increased your understanding of compassion fatigue

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
5	4	3	2	1

5.) You feel you would be able to recognize compassion fatigue in coworkers

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
5	4	3	2	1