Compassion Fatigue
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Write a paper incorporating current nursing journal articles pertaining to a professional nursing issue. This assignment was completed for Professor Janet Reed's Professional Nursing Development.

Abstract
Compassion fatigue has the ability to negatively affect patient care during hospitalization, which can be detrimental to the nurse-patient relationship. Compassion fatigue is a major concept that needs to be evaluated based on a clear definition to enhance understanding. Compassion fatigue is displayed through a multitude of signs and symptoms evidenced in the attitudes of professional nurses. However, compassion fatigue is also closely tied and connected with burnout although major difference exist. Additionally, many nurses decide to leave the nursing profession due to feelings of compassion fatigue and burnout (Harris & Griffin, 2015). Research conducted by Potter et al. (2010) suggests that advanced education may increase the risk of compassion fatigue and burnout. Most importantly, methods to combat and eliminate compassion fatigue should be directly incorporated into the nursing profession. This paper aims to describe compassion fatigue and potential causes, distinguish the difference between compassion fatigue and burnout, and evaluate ways to alleviate compassion fatigue throughout the nursing field.

Keywords: nurse-patient relationship, compassion fatigue, burnout, education

Compassion Fatigue
During a patient’s hospitalization process many healthcare professionals are completely unaware that the patient is observing and noting every action of the nurse, doctor, and team members. Many nurses in the profession can recall working with other professionals who despised being on the job, and made it known to everyone that this was the case. However, patients are also noticing this negative demeanor, which may be a direct representation of compassion fatigue. The concept of compassion fatigue can be described as the decline in one’s empathetic ability to care for those who are suffering (Harris & Griffin, 2015). Another concept to consider in the nursing realm is what Maslach describes as nursing burnout which encompasses the overwhelming stress that accompanies daily life and particularly in the work environment (Potter et al., 2010). The question that arises is can a nurse escape the trap of compassion fatigue during their career, and what are some evident indicators that a nurse may be experiencing compassion fatigue? This paper aims to
describe compassion fatigue and potential causes, distinguish the difference between compassion fatigue and burnout, and evaluate ways to alleviate compassion fatigue throughout the nursing field.

Walker and Avant (2005) give a comprehensive definition by stating, “Compassion fatigue is the physical, emotional, and spiritual result of chronic self-sacrifice and/ or prolonged exposure to difficult situations that renders a person unable to love, nurture, care for, or empathize with another’s suffering” (Harris & Griffin, 2015, p. 82). Compassion has been proposed as an integral part of nursing and essential virtue by the nursing icon, Florence Nightingale (Ledoux, 2015). Considering that many nurses in the profession are noted for their caring ability, compassion fatigue can create a huge disconnect between how nurses are perceived. Furthermore, compassion fatigue can be recognized through the unique display of evident physical and emotional characteristics. Nurses may exhibit signs of fatigue, irritability, lack of joy, and develop physical illnesses when overwhelmed with compassion fatigue (Harris & Griffin, 2015). Some physical ailments that may occur include development of headaches and gastrointestinal upset (Harris & Griffin, 2015). Sinclair and Hamill (2007) note that compassion fatigue may also present through a decreased attention span, forgetfulness, isolation, and the experimentation into compulsive behaviors such as substance abuse, overeating, and overspending (Ledoux, 2015). Ultimately, these signs and symptoms can create a danger in the health care milieu when nurses are exhausted with compassion fatigue. Some direct issues that have occurred due to compassion fatigue include: medical errors, decreased quality of patient care, decreased patient satisfaction, and the nurse also has decreased job satisfaction (Harris & Griffin, 2015). Nurses experiencing compassion fatigue can also have a vast majority of emotional feelings that may be displayed outwardly, or kept within. Some emotional qualities of compassion fatigue include: anxiety, fear, anger, vulnerability, emptiness, sadness, uncertainty, and thoughts of despair (Ledoux, 2015). Conclusively, all of these emotional components nurses may be experiencing with compassion fatigue can put the individual at an increased risk for, not only threat to their physical well-being, but infliction to mental health as well.

With all of these potentially harmful physical and emotional components of compassion fatigue, it is important to be conscientious and observant to the potential causes of compassion fatigue in the nursing health care profession. Figley (1995) states that compassion fatigue can be elicited due to prolonged exposure to trauma and difficult patient situations, particularly those containing high acuity patients (Hunsaker, Chen, Maughan, & Heaston, 2015). A major risk factor to the development of compassion fatigue is involvement in traumatic situations, and dealing with multiple bad outcomes,
particularly being exposed to patient death. Likewise, a recent study displayed results that nurses working in inpatient settings had higher levels of compassion fatigue when compared to those working in outpatient settings (Potter et al., 2010). This finding can again be related to the exposure of increased high stress situations, and unfavorable outcomes which are less likely to occur when patients are not hospitalized for extended periods such as an outpatient setting. Some other contributing factors to the development of compassion fatigue include working longer shifts and a decreased managerial support (Hunsaker et al., 2015). These environmental factors of working long hours without supportive team members and supervisors can cause the nurse to begin despising coming to work; this can thus be the initiative spark to the cycle of compassion fatigue. Another interesting research finding, displayed results that younger nurses experience more compassion fatigue due to the increase stress felt being immersed into the nursing practice (Potter et al., 2010). This finding is quite alarming, and requires a need to discuss compassion fatigue during the nursing education curriculum to alert new graduates to the possibility of this existing health care problem.

Moreover, within the nursing profession the topic of compassion fatigue has been closely tied, or used synonymously with nursing burnout. However, there are important distinctions between both of these notions that should clearly be differentiated to enhance understanding. Burnout is more revolved around the environmental stressors that exist within the health care setting, whereas compassion fatigue develops from emotional stress with patient care that results in decreased empathy (Potter et al., 2010). Some of the environmental stressors leading to burnout include high acuity care environments, overcrowding, and negative problems with administration (Hunsaker et al., 2015). Another notable difference between compassion fatigue and burnout includes the length of onset. Burnout is more likely to develop gradually overtime, while on the other hand compassion fatigue usually develops very suddenly (Hunsaker et al., 2015).

An interesting study conducted using the Professional Quality of Life (ProQOL R-IV) scale displayed data that supported educational differences between the experience of compassion fatigue and burnout in Oncology nurses (Potter et al., 2010). The findings showed that nurses with bachelor’s degrees displayed more at risk scores for compassion fatigue, and those with advanced degrees such as a master’s were more at risk for burnout (Potter et al., 2010). It may be possible that additional schooling and advanced degrees for nurses make them more advantageous in high acuity areas when searching for an occupation which can increase the risk of compassion fatigue. Advanced education may also give nurses with supplemental degrees more unrealistic expectations about the work
environment and job satisfaction (Potter et al., 2010). It is also important that when examining these findings, the study only evaluated nurses within the field of oncology, which can be notably tasked with patient deaths. A similar study evaluating compassion fatigue in critical care nurses noted that compassion satisfaction was lower within bachelor degree nurses than those with associate or master’s degrees (Sacco, Cierzynski, Harvey, & Ingersoll, 2015). Obviously, differences within results exist due to the variety of specialties being evaluated, however this requires additional research in the facets of many nursing specialties comparing education levels and compassion scores. Burnout and compassion fatigue can be a potential reason nurses decide to leave the healthcare field, and is evident when examining increasing turnover rates (Harris & Griffin, 2015). Although many differences exist, compassion fatigue and burnout have similar consequences noted by Burleson, Stichler, and Potter et al. that both negatively affect patient safety and satisfaction along with the nurse retention rate (as cited in Hunsaker et al., 2015).

With the evident infiltration and dispersion of compassion fatigue amongst nurses and other healthcare professionals, there acquires a need to discover and implement ways to prevent and alleviate compassion fatigue. Personal ways the nurse can combat compassion fatigue includes taking part in personal journaling, counseling, maintaining a healthy nutritional status, and getting involved in support groups (Harris & Griffin, 2015). Nurses can directly take action to prevent compassion fatigue by creating moments to connect with patients that can directly increase job satisfaction (Reimer, 2013). Reimer (2013) found that Oncology nurses who brought an optimistic attitude to the work environment had positive outcomes in patient interaction, improved patient satisfaction, and staff well-being. The nurse can also put emphasis on making the moments throughout the day matter by providing exceptional care to patients, taking on a motivational stance of optimism and energy (Reimer, 2013).

Nursing managers also play a vital role in combating compassion fatigue by acknowledging and discussing compassion fatigue, recognizing workers’ contributions, rotating the care of critically ill clients, providing education about compassion fatigue, offering quiet rooms for staff, developing a buddy system coupling novice and experienced nurses, and implementing a work timeout when needed (Harris & Griffin, 2015). Managers thus have a large role in not only identifying compassion fatigue, but implementing creative ways to aid staff members in preventing compassion fatigue. Some institutions have created special forums to help combat compassion fatigue, due to the severity that the issue is having within healthcare today. One of these forums began implementation in the United Kingdom and made its way to the United States, and hopefully will be
trialed in other international healthcare settings. This forum is known as Schwartz rounds, they are a discussion based forum used to allow staff members to explore emotional aspects of patient care in an environment that is confidential (Thompson, 2013). This methodology seems very advantageous and offers a form of debriefing that may be needed due to emotionally taxing patient care.

Many healthcare professionals would agree that at one point or another they have witnessed compassion fatigue first hand during their career. However, the growing concern is that this empathetic exhaustion phenomenon is continuing to expand and infiltrate many nurses, particularly in high acuity specialties such as oncology and critical care. It is important to recognize that patients can sense when a nurse is experiencing compassion fatigue through the symptoms that are expressed by health care professionals. This ultimately hinders the fidelity of the nurse-patient relationship. There needs to be a push for awareness about compassion fatigue including education on warning signs of compassion fatigue, as well as differentiating this notion from nursing burnout. More importantly, implementation of strategies to combat compassion fatigue need to be an imminent concern for healthcare institutions today.

References


