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# Compassion Fatigue as a Threat to Ethical Practice: Identification, Personal and Workplace Prevention/Management Strategies

Cynthia works in a 350-bed community hospital on a medical-surgical unit, with specialties in orthopedics and nephrology. Her typical assignment is 6-7 patients; some of her patients are transferred from the trauma unit and some are receiving dialysis, awaiting a kidney transplant at an affiliated tertiary hospital. She is working her sixth 12-hour shift because several staff are on medical leave and she needs to supplement her income as she cares for her aging father and raises two grandchildren. She has been a nurse for 7 years and always has loved caring for her patients. However, since two events 3 weeks ago, she finds herself having trouble sleeping, feels exhausted and sad, has flashbacks to the events, and has caught two possible medication errors this week at the last minute. Both events involved patients of whom she was very fond whose condition deteriorated; she believes she should have recognized this and called the rapid-response team. Both patients died. No amount of reassurance from her manager, colleagues, or hospitalist physician has helped relieve her guilt. She finds herself avoiding contact with suffering patients and no longer refers to patients by name, but states the patient's diagnosis.

## Compassion Fatigue or Burnout?

Is this nurse suffering from burnout or compassion fatigue? Most authors say they are related, but they are distinct phenomena (Boyle, 2015; Harris & Griffin, 2015). Similar to compassion fatigue, burnout has physical and psychological components. Burnout is triggered by workplace stressors "such as manager unresponsiveness, lack of camaraderie and team work, staffing shortages, working long hours, intense workloads, conflicts with other nurses and healthcare providers, and time pressures" (Boyle, 2015, p. 50). Harris and Griffin (2015) added to this list increased healthcare expectations in general as well as organizational policy leading to diminished caring and cynicism. Commonly reported symptoms include fatigue, illness, headaches, insomnia, disillusionment, emotional instability, anger, sense of hopelessness, and excessive rigidity in interpersonal relations (Epp, 2012; Jenkins & Warren, 2012). Though this nurse has some signs of burnout (e.g., insomnia), most of her symptoms suggest compassion fatigue.

Compassion fatigue has a different source of stress. The stress comes from the nurse's involvement in relationships with patients and families in which the nurse witnesses the trauma or suffering of patients. The cumulative effect causes physical, mental, and spiritual symptoms in the nurse (Wentzel & Brysiewicz, 2014). Compassion fatigue often is characterized as the "cost of caring" for others in emotional pain (Boyle, 2015, p. 49; Wentzel & Brysiewicz, 2014, p. 95), but this state of mental and physical exhaustion can be avoided if nurses learn the strategies articulated in this article and practice in an environment that supports the essential compassionate nature of individuals who choose the nursing profession. The threat to ethical practice will be woven into the sections on workplace and personal prevention strategies. See Table 1 for definitions of terms used in this article.

## Signs and Symptoms of Compassion Fatigue

Johnson (1992) coined the term *compassion fatigue* when she noticed nurses' "loss of the ability to nurture" (p. 116). Since then, two other terms have been used interchangeably with compassion fatigue: *secondary traumatic stress* and *vicarious traumatization*. Deconstructing the term compassion fatigue allows a deeper understanding. *Compassion* is considered "empathy or a deep awareness of another's suffering, coupled with a desire to alleviate it" (Dictonary.com, n.d.). Compassion is one of the central values of nursing (American Nurses Association [ANA], 2015). Nurses work to alleviate suffering through technical therapeutic action and personal acts of caring. *Fatigue* is defined as "extreme tiredness, typically resulting from mental or physical exertion or illness" (Merriam-Webster.com, n.d.). This fatigue has physical, emotional, and spiritual symptoms that render the nurse unable to demonstrate caring or empathize with another's suffering.

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**TABLE 1.**
**Definition of Terms**

| Term | Definitions | Source |
|---|---|---|
| Burnout | Prolonged response to chronic emotional and interpersonal stressors on the job leading to a combination of physical and emotional exhaustion, involving the development of a negative job attitude, negative self-concept, and loss of feelings and concern for people | Jenkins & Warren, 2012, p. 391 |
| Compassion fatigue | State of significant depletion or exhaustion of the nurse's store of compassion, resulting from repeated activation over time of empathic and sympathetic responses to pain and distress in patients and in loved ones | Pembroke, 2015, p. 120 |
| Secondary traumatic stress | Result of knowledge about a traumatizing event experienced by another and subsequent stress resulting from helping or wanting to help the traumatized person; often used interchangeably with compassion fatigue | Jenkins & Warren, 2012, p. 391 |
| Vicarious traumatization | The psychological distress that occurs from prolonged exposure to trauma actually changes the cognitive perspective of the caregiver related to life issues, such as intimacy, trust, safety, self-esteem, and control; often used interchangeably with compassion fatigue | Jenkins & Warren, 2012, p. 391 |

Symptoms of compassion fatigue are fairly clear. Table 2 lists four authors' reviews of signs and symptoms; the overlap is obvious. Cynthia is demonstrating insomnia, exhaustion, flashbacks (intrusive thoughts), poor concentration, errors, avoidance of working with certain patients, detachment, and sadness. The most obvious and persistently recognized consequences of compassion fatigue are inadequate performance and decline in holistic health (Bao & Taliaferro, 2015; Coetzee & Klopper, 2010). Prevention and management of these signs and symptoms become crucial for the well-being of the nurse and the safety and ethical climate of the organization.

Professional Quality of Life (ProQOL) is both a conceptual model of compassion fatigue and a 30-item instrument used to study it. This instrument was developed by Stamm and Figley (2009) and later modified by Stamm (2010). In the model, secondary traumatic stress and burnout contribute to compassion fatigue. The third component of the instrument is compassion satisfaction, which is defined as a sense of pleasure associated with doing the job well. Compassion fatigue scores are based on high secondary traumatic stress and burnout, and low compassion satisfaction. The instrument has been used in over 637 research studies, many in various healthcare settings (ProQOL.org, 2016). Most found a significant correlation between low scores in compassion satisfaction and high scores in secondary traumatic stress.

## Personal Strategies

What makes compassion fatigue for nurses dissimilar from other healthcare professionals is the constancy and proximity to tragedy over time.

> Nurses who work in hospitals may be at an increased risk of suffering profound emotional disturbance due to their long hours of direct patient contact and their empathetic relationships with patients while patients are in acute distress from pain, suffering, trauma, and dying or death. (Bao & Taliaferro, 2015, p. 35)

Nurses continually administer to suffering patients through caring and compassionate presence. However, giving the personalized care nurses desire has become increasingly difficult in the tight budgets of today's healthcare system. If nurses have no outlet for expression of their feelings, the feelings likely either will implode into physical or emotional symptoms or explode into short-tempered outbursts or resentment of demands (Boyle, 2015).

Pembroke (2015) offered two management strategies based on Christian ethics and Buddhist philosophy. The Christian ethical principle of *equal regard* is a notion that agape (disinterested universal love) requires people to love others neither more nor less than they love themselves. If the nurse operates from the ethical principle of *self-sacrifice*, self-care is much less likely to be a personal priority. The ANA (2015) *Code of Ethics for Nurses with Interpretative Statements* Provision 5 plainly states, "The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth" (p. 19). Interpretative statement 5.2 specifically mentions the nurse's responsibility to mitigate fatigue and compassion fatigue: "eat a healthy diet, exercise, get sufficient rest, maintain family and personal relationships, engage in adequate leisure and recreational activities, and attend to spiritual or religious needs" (p. 19). These actions and the fulfilling work of nursing must be held in balance.

Pembroke's (2015) second strategy is putting into action central tenets of the path to enlightenment in Buddhist philosophy. *Equanimity* (even-mindedness or impartiality) along with compassion, loving kindness, and sympathetic joy are the uplifting-required attitudes.

**TABLE 2.**
**Signs and Symptoms of Compassion Fatigue**

| Physical | Emotional/Mental | Spiritual | Workplace Performance | Sources |
|---|---|---|---|---|
| Stomach pains, headaches, weight gain/ loss, accident proneness, exhaustion | Loss of empathy, emotionally overwhelmed, emotional breakdown, depersonalization, difficulty concentrating, intrusive imagery, irritability, emotional exhaustion/absence of energy, feelings of burnout, loss of endurance | Loss of hope, lack of spiritual awareness, lethargy | Increased loss of work days due to physical complaints, reduced performance, poor judgment, lack of appropriate documentation, patients' best interests not readily apparent in the nursing care | Jenkins & Warren, 2012 |
| Gastrointestinal (GI) complaints, aches and pains (headaches, muscle tension), insomnia, chronic fatigue, exhaustion | Sadness, apathy, cynicism, oversensitivity, frustration/irritation, depression, anxiety, blaming/judgmental, mood swings, lack of joyfulness, poor concentration, memory impairment, self-medication with food/alcohol | Existential questioning | Increased use of sick days, decreased productivity, decreased efficiency, job dissatisfaction, increased errors, avoidance or dread of working with certain patients, turnover, choosing to leave nursing profession | Boyle, 2015 |
| Headache, GI upset | Apathy, detachment, depression, irritability | Minimal or no spiritual commitment | Poor judgment, errors, patient dissatisfaction, decreased quality of care, decreased discernment | Harris & Griffin, 2015 |
| Physical complaints, stomach pains, headaches | Anxiety, sadness, depression, impulsive/reactivity, avoidance of suffering patients, intrusive thoughts, emotional exhaustion, sleeplessness | | Decreased productivity, poorer quality of care, lower professional quality of life, increased turnover | Figley, 2002 |

Equanimity is extending compassion to all sentient beings without being overwhelmed by emotional turmoil. The turmoil comes from trying to hold onto only the positive feelings and push away the negative. The way of the Buddha is a balanced response or non-reactivity to the different experiences by not being attached to the outcome. Anger or guilt is the result of feeling the nurse has failed the patient, just as Cynthia is feeling. Non-attachment is not a lack of emotion. Pembroke reminds the reader that to reach non-reactivity, mindfulness training (Kabat-Zinn, 2012) is needed.

## Workplace Strategies

Patient satisfaction and safety are correlated negatively with nursing staff compassion fatigue (Halbesleben, Wakefield, Wakefield, & Cooper, 2008). Therefore, organizational leaders must take seriously this phenomenon to avoid the ethical complications to patient care. Research has identified some useful changes for the practice environment.

Sacco, Ciurzynski, Harvey, and Ingersoll (2015) used the ProQOL instrument to survey 221 critical care nurses and found average ranges in all three arenas of the instrument. They examined several administrative factors and recommended several organizational strategies to reduce the chance of compassion fatigue. First, turnover of the nurse manager was related to significantly lower compassion satisfaction scores; stable leadership at the unit level supports compassion satisfaction. Second, because nurses who recently experienced a unit redesign had higher scores on compassion fatigue, support systems should be implemented to guide staff through any practice change. Third, authors also recommended a culture of caring, one that supports professional development and the use of debriefing. According to the *Code of Ethics for Nurses with Interpretative Statements* Provision 5 (ANA, 2015), "nurse administrators must respond to concerns and work to resolve them in a way that preserves the integrity of the nurses. They must seek to change enduring activities or expectations in the practice setting that are morally objectionable" (p. 21).

In a study of trauma nurses, Berg, Harshbarger, Ahers-Schmidt, and Lippoldt (2016) made eight program recommendations:

1. Because self-awareness of compassion fatigue and burnout is the first step, acknowledge and accept it as an expected reality.
2. Educate the team on how to recognize signs and symptoms in themselves, perhaps by using the ProQOL survey.
3. Employ stress-coping skills (e.g., cognitive reframing, self-soothing) as a team because positive co-worker relationships can alleviate compassion fatigue.

4. Ensure leaders demonstrate social support, which is strongly associated with job satisfaction.
5. Normalize discussions on coping as part of regularly scheduled meetings, not just in response to crisis.
6. Be proactive in high-crisis situations (e.g., abuse, death) with interventions, such as making a counselor available or holding critical incident debriefings.
7. Emphasize positive aspects of patient care and celebration of positive patient encounters.
8. Consider pre-employment screening with questionnaires that identify strong coping skills.

Other strategies that have proven helpful are rotating care of difficult patients and pairing novices and experienced nurses for support (Harris & Griffin, 2015). Complementary approaches, such as chair massage, aromatherapy, journaling, prayer, and quiet time/quiet room with music, also are being used increasingly by organizations with leaders who take seriously their commitment to staff support (Boyle, 2015).

## Conclusion

Compassion fatigue is personally deleterious to the nurse and significantly impacts his or her ability to provide quality, ethical care to patients and their families. The most obvious and persistently recognized consequences of compassion fatigue are inadequate performance and decline in holistic health. The ANA (2015) *Code of Ethics for Nurses with Interpretative Statements* Provision 5 plainly reminded nurses they owe the same duties to self as to others. Workplace strategies include holding debriefing sessions after emotionally charged events, helping nurses regain perspective on the situation, and supporting them in determining how to address their loss. Employee assistance programs could offer educational activities and counseling for employees. Support groups could be offered by pastoral care counselors or psychiatric clinical specialists/nurse practitioners. Nurses and unit managers must acknowledge and accept compassion fatigue and burnout as possibilities for any nurse. The personal/workplace prevention strategies in this article are key to helping nurses remain able to provide compassion during patient care. MSN


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