

Key Information

Compassion fatigue is the deleterious effect that results from caring.

Nurses who suffer from compassion fatigue may display symptoms that can be recognized by coworkers, patients, families, and themselves.

The unpredictable and evolving elements of disasters – when they occur, nature of disaster, extent of damage, number of casualties, types of illness/injury caused, number of deaths, and duration of incident – are stressors.

Feelings of self-doubt, self-blame, and guilt related to perceived challenges in their ability to perform their duties can develop in those working in disaster settings (Brooks et al., 2015).

When a caregiver is also a nurse the emotional distress is magnified. This creates strong potential for a “blurring of boundaries between professional and personal care work which ultimately predisposed these double-duty caregivers to compassion fatigue” (Ward-Griffin et al., 2011, Abstract section).

Self-care can increase compassion satisfaction and decrease compassion fatigue (Cuartero & Campos-Vidal, 2019; Sanso et al., 2015).

Compassion Fatigue

Purpose

Compassion is a central component of nursing; it is a multi-faceted concept, involving virtues, a proactive response, seeking to understand, relational communicating, confronting, and action (Sinclair, McClement, et al., 2016; Sinclair, Norris, et al., 2016). It is a natural response to react with compassion when witnessing the emotional and physical turmoil of another human being. It is a necessary characteristic of a successful and effective nurse. However, the demands of the healthcare system, secondary trauma, time constraints, lack of social support, high expectations, and external factors, such as a global pandemic, can cause severe stress in emergency nurses resulting in compassion fatigue (Sinclair et al., 2017). The stress can lead to poor job performance, affecting job satisfaction, workforce instability, nurse retention, workplace wellness, and patient outcomes (Sinclair et al., 2017).

There are methods and tools available to assess, recognize, and cope with compassion fatigue. Many of these interventions require self-awareness, communication, and institutional interventions. The purpose of this topic brief is to describe the reality of compassion fatigue, introduce methods and tools to combat and prevent it, and to highlight the importance of personal wellness.

Overview

Compassion fatigue is the deleterious effect that results from caring. Research on the construct of compassion fatigue has ranged from its identification to prevention. Since the first use of the term in print, compassion fatigue has been associated with various other concepts, such as burnout or moral distress, which may be related but should not be confused as the same (Sorenson et al., 2017). The notion of compassion fatigue was first illustrated in 1992 by Joinson as she was researching burnout among nurses; she noted that they apparently had lost their “ability to nurture” (p. 119). Seminal research in compassion fatigue is attributed to Figley, who cited his own work when he defined secondary traumatic stress (STS) as the “stress resulting from helping or wanting to help a traumatized or suffering person” (1995, p. 7). He acknowledged terms that have been used by others as being synonymous with STS, such as secondary victimization and vicarious trauma. Notably, he stated that the term compassion fatigue was interchangeable with STS and secondary traumatic stress disorder (STSD). He indicated that compassion fatigue was the preferred term, with a nod to Joinson, because nurses and emergency personnel found the term more favorable, with its less negative connotation (1995, p. 15).

Since then, compassion fatigue has taken on more meaning for a much broader group of people. The phrase is used among caregivers who are involved with patients suffering from physical and emotional pain and distress. For a person to develop compassion fatigue, that person must have empathy and have been exposed to someone who has been traumatized

(Figley, 1995). During these encounters, the caring relationship between the nurse and patient can bring on high levels of stress, which can decrease the nurse’s normal feelings of empathy. The witnessing of traumatic events, which can happen multiple times per shift in the emergency department, results in an increased sympathetic nervous system response to high-stress situations (Flarity et al., 2013). This response can translate into physical, mental, and emotional distress for the nurse. The stress response from the pain, trauma, and tragedy that emergency nurses witness and strive to alleviate in patients and their family members can deplete their own ability to recover from these events. At this point, for an affected nurse, it becomes almost impossible to treat patients, their own loved ones, and themselves with compassion.

Emergency nursing, like all other nursing specialties, involves caring and compassion, an important skill set and presence for the care of patients. Emergency department stressors such as crowding, pressure to improve flow and delays in bed assignments, and perceived lack of support, coupled with emergency nurses’ exposure to patients experiencing traumatic or painful events are risk factors for developing compassion fatigue (Basu et al., 2017; Dasan et al., 2015; Hunsaker et al., 2015).

Signs and Symptoms of Compassion Fatigue

Nurses who suffer from compassion fatigue may display symptoms that can be recognized by coworkers, patients, families, and themselves. Once symptoms are identified, exiting interventions can be implemented to restore compassion satisfaction to healthy levels. Figley (1995) argued that those with compassion fatigue may develop signs and symptoms similar to those with post-traumatic stress disorder and burnout. He differentiated the two by explaining that burnout developed gradually and lasted longer, whereas compassion fatigue may manifest suddenly and the recovery is faster. Table 1 includes common signs and symptoms of compassion fatigue (Joinson, 1992; Figley, 1995; Sinclair et al., 2017; Slatten et al., 2011).

Table 1 Common Signs and Symptoms of Compassion Fatigue

Type	Sign or Symptom
Physical	compromised immunity, somatization, headaches, stomach aches, sleep disturbance, fatigue, loss of attention span, forgetfulness
Psychological	intrusive imagery, depersonalization, negative self-image, depression, fractured world view, heightened anxiety, irrational fears, loss of hope, lack of joy from daily activities
Emotional	resentment, inappropriate anger and irritability, emotional exhaustion
Behavioral	increased alcohol intake (and other drugs), strained personal relationships, avoidance, engagement in dangerous activities
Work-related	difficulty separating personal and professional life, impaired clinical decision making, compromised patient care, avoidance of patients, diminished enjoyment/career satisfaction, absenteeism, attrition

Compassion Fatigue and Disaster Response

Nurses play pivotal and varied roles in disaster response as first responders, in relief efforts, and as first receivers in the emergency department. The unpredictable and evolving elements of disasters – when they occur, nature of disaster, extent of damage, number of casualties, types of illness/injury caused, number of deaths, and duration of incident – are stressors. Disruption of resources and chaotic work environments experienced during disasters can create additional stress when the nurse’s ability to provide care is inhibited (Ruskie, 2016). Disasters may exacerbate ethical dilemmas and manifest moral distress when a nurse’s duty to act conflicts with the situation (Boswell, 2016; Wagner & Dahnke, 2015).

In addition to the psychological signs and symptoms listed above, feelings of self-doubt, self-blame, and guilt can develop in those working in disaster settings related to perceived challenges to their ability to perform their duties (Brooks et al., 2015). Common conflicts experienced by disaster workers include prioritizing self-health/safety or

willingness to work based on perceived level of threat (Brooks et al., 2015; Ganz et al., 2019; Pourvakhshoori et al., 2017), concerns for family well-being or choosing between duty to work versus duty to family (Pourvakhshoori et al., 2017; Raveis et al., 2017), inability to provide care or need to prioritize or withhold care due to lack of resources (Boswell, 2016; Brooks et al., 2016; Pourvakhshoori et al., 2017; Ruskie, 2016), directly experiencing harm or witnessing harm or death of loved ones or co-workers (Brooks et al., 2016), as well as social stigmatization as a perceived potential source of infection (Choi & Kim, 2018).

Disasters are traumatic events. Disasters impact the well-being of nurses both directly, when they are personally affected by the disaster itself, and indirectly, in their risk for secondary trauma through the care they provide for numerous patients and their families during what may be a prolonged period. Challenges created by disasters can cause moral distress; moral distress can lead to burnout in nurses (Austin et al., 2017). Exposure to work-related trauma, whether primary or secondary, and burnout are factors that contribute to compassion fatigue (Stamm, 2010).

Compassion Fatigue and Double-Duty Caregiving

Nurses are frequently responsible for the caregiving needs of family and friends outside of their work responsibilities. Examples include a child with special needs, a spouse with significant disability, and/or an elderly parent or relative. These nurses can be defined as “double-duty caregivers,” engaging full-time at work and at home without respite (Ward-Griffin, 2013).

When a caregiver is also a nurse the emotional distress is magnified and there exists a strong potential for a “blurring of boundaries between professional and personal care work, which ultimately predisposed these double-duty caregivers to compassion fatigue” (Ward-Griffin et al., 2011, Abstract section). This also comes with the nurses’ ability to better recognize when a family member or friend is suffering (Day & Anderson, 2011). Negative repercussions of constant caregiving include the inability to find “self” time and often lead to balance difficulties between work and those whom they care for, whether patients or family (Schumacher et al., 2012). Nurses may become fatigued due to continual vigilance, which is second nature on the job and is now carried over to the additional duty of caregiving outside of the workplace (Buck, 2013).

Nearly 50 million Americans are currently caring for an older adult, whether family or friend (Do et al., 2014). Many of these caregivers are often providing both financial as well as emotional support to both their children and at least one parent (Do et al., 2014). In addition, those who care for dependent adults miss over six days of work per year due to absences that are directly related to the need to care for a family member (Do et al., 2014), which could contribute to job loss. Nurses providing double-duty caregiving may have high expectations of themselves and their ability to manage multiple responsibilities, yet they do not have the same resources available to them at home that they have in the workplace (Ward-Griffin et al., 2011). This lack of resources and support can contribute to compassion fatigue. Caregivers of family members with chronic suffering were found to have feelings of hopelessness, helplessness, and resentment – placing them at risk for compassion fatigue (Day & Anderson, 2011).

Combating Compassion Fatigue

The foremost actions for nurses to take in combatting compassion fatigue are recognizing they are susceptible and being proactive in maintaining their health and wellbeing. Self-care can increase compassion satisfaction and decrease compassion fatigue (Cuartero & Campos-Vidal, 2019; Sanso et al., 2015). Self-care activities restore depleted energies and can vary across individuals. They may include exercise, meditation, getting adequate sleep, participating in relaxing and entertaining activities, and maintaining relationships with friends and family (Mattioli et al., 2018). Nurses need to be aware of what rejuvenates them, what helps them to decompress, as well as avenues of support and coping strategies (Mendes, 2017). Another way nurses can take initiative to combat compassion fatigue is by reaching out and talking to others. Programs like *Nurses Together* can help provide the venue for healing and discussion. During the COVID-19 pandemic emergency nurses have cared for, listened to, and supported their patients, their families, and their friends and continue to do so through these uncertain times. *Nurses Together: Connecting through Conversations* provides emergency nurses the opportunity to take time for

themselves, share thoughts, seek support, and virtually connect with nursing peers. This free resource was developed by American Nurses Foundation (ANF), in partnership by the Emergency Nurses Association (ENA), American Association for Critical Care Nurses (AACN), and the American Psychiatric Nurses Association (APNA).

Other programs and applications are available for download that are geared toward mindfulness. Mindfulness is "awareness of one's internal states and surroundings" (American Psychological Association [APA], n.d.) and has been used as a therapeutic intervention to avoid negative reflexive responses by learning to observe thoughts, emotions, and sensations without judgement or reaction. Mindfulness has been shown to improve the overall well-being of health care professionals (Lomas et al., 2018), and practicing brief mindfulness interventions has been found to decrease elements related to compassion fatigue (Owens et al., 2020), including decreasing symptoms of anxiety, depression, and burnout in emergency nurses (Westphal et al., 2015).

Reflection is another strategy to combat compassion fatigue. Reflection through debriefing can promote compassion fatigue resiliency (Schmidt & Haglund, 2017). Debriefs can be conducted with a group via discussion or with an individual through written self-reflection, with focus on the facts of the event, what went well, and what could be done better for the next incident.

Maben and Bridges (2020) compiled a list from various sources to help promote nurses' well-being during the COVID-19 pandemic. Some interventions for individuals and peer-to-peer are listed i:

- Pay attention to needs for safe working, drinks, food, and regular breaks for yourself and your peers.
- Use calming strategies for high stress levels based on the FACE mnemonic Focus on what is in your control; Acknowledge thoughts and feelings; Come back into your body (notice your body by pressing feet into floor or press fingers together) and Engage in what you're doing (focus on the activity at hand).
- Talk to colleagues who may relate to what you are experiencing and may need support as well.

How Health Care Organizations Can Prevent, Recognize and Combat Compassion Fatigue

A positive, caring work environment is conducive to nurse engagement which "reduces compassion fatigue, burnout, and turnover while improving teamwork, the patient experience, and organizational outcomes across multiple measures" (Dempsey & Reilly, 2016, Conclusion section). Multiple studies suggest organizations can contribute to combatting compassion fatigue through a supportive environment and provision of resources and education for their staff (Basu et al.; Berg, et al., 2016; Hunsaker et al., 2015; Nolte et al., 2017; Sinclair et al., 2017; Sorenson et al., 2016;). Following are some recommendations on how organizations can prevent, recognize, and combat compassion fatigue:

- Acknowledge compassion fatigue exists and is an expected reality (Berg et al., 2016)
- Educate staff regarding signs, symptoms, and interventions (Berg et al., 2016; Nolte et al., 2017; Sinclair et al., 2017) and train managers in identification and prevention of compassion fatigue (Nolte et al., 2017)
- Promote strategies for self-care and well-being, including provision of support services and wellness programs (Berg et al., 2016; Nolte et al., 2017; Sinclair et al., 2017) and establish a dedicated area where staff can find calm and decompress (Mattioli et al., 2018; Nolte et al., 2017)
- Conduct debriefing sessions (Berg et al., 2016; Nolte et al., 2017; Sinclair et al., 2017)
- Provide additional support for nurses with families who are at higher risk of compassion fatigue and consider flexible policies allowing nurses with family issues to work restructured hours (Nolte et al., 2017)
- Embrace an environment where leaders provide appropriate staffing and equipment, encourage teamwork, have empathy, praise their nurses/recognize their successes, and communicate in a timely manner with transparency (Dempsey & Reilly, 2016; Mattioli et al. 2018).

Disasters present challenges for organizations as they often occur without warning and can cause high number of casualties and/or extensive damage that will exhaust the resources readily available. A biological disaster, such as a pandemic, has no clear predicted end of operations, and the variability of when cases may manifest at any given location at any time can hinder the ability of organizations to prepare and respond effectively. The global shortage of available equipment (i.e. PPE, ventilators, medications), the sharp surge and high acuity of patients, the high potential of imminent risk to staff, and the unknown elements and ever evolving knowledge related to a novel coronavirus (i.e., transmission, treatment, and disease progression) are challenges nurses, leaders and organizations have faced during the COVID-19 pandemic.

Interventions by one institution during the pandemic to support staff included providing knowledge and training regarding the disease (including how to manage the psychological effects on patients) and protective measures, establishing rules and guidance on the use of PPE/management of the supply to ensure availability when limited, offering housing in which staff may reside (for those with concerns of returning home and transmitting the virus to their families), providing food daily, and offering support services, leisure activities, and relaxation training (Chen et al., 2020). Listed in the following are additional recommendations compiled by Maben and Bridges (2020) from various sources:

- Leaders should be highly visibly and approachable, inviting feedback from the staff while offering options for feedback to be provided anonymously.
- Communicate regularly (daily, if possible) with staff, so they feel well-informed. Include acknowledgement of staff needs, show empathy, and recognize and value their hard work
- Actively monitor to ensure that physiological and safety needs are met and address any deficiencies. Address issues related to inadequate PPE, childcare, staff sickness, testing, and other staff concerns.
- Share success no matter how small where nurses and teams can feel proud of their contributions.
- Make known the support services that are available for nurses while actively monitoring for signs and symptoms that may require immediate intervention,

Tools

Compassion fatigue is often confused with burnout, but the acute presentation of compassion fatigue can be differentiated with screening tools. The first screening and assessment tool was created by Figley (1995) and named the Compassion Fatigue Self Test (CFST). In collaboration with Figley, Stamm (2002) further developed the CFST and created the Compassion Satisfaction and Compassion Fatigue Test (CSCF) but ultimately evolved the CSCF into the Professional Quality of Life Scale (ProQOL), with the latest version known as ProQOL-V. The ProQOL-V involves a series of questions about frequency of each item within the last 30 days and is often used in the literature for assessment. Figley, with Bride and others, developed the Secondary Traumatic Stress Scale (SSTS) (Bride et al., 2004). The SSTS involves questions about the frequency of each item within the last 7 days (Bride et al., 2004). No one tool or test directly measures compassion fatigue due to the sign and symptom overlap with burnout, trauma, or other forms of psychological distress, but assessment and screening tools are able to help identify compassion fatigue (Bride et al., 2007). Another tool available to help those experiencing compassion fatigue is the Mindful Attention Awareness Scale (MAAS), which is a 15-Item scale developed to assess a core characteristic of dispositional mindfulness. The scale shows strong psychometric properties and has been validated with college, community, and cancer patient samples (Watford, et al., 2019). Those who benefit from talking with others might find tools like, *Nurses Together: Connecting Through Conversations* particularly helpful. As alluded to earlier, as a result of the COVID-19 pandemic, the American Nurses Association, the American Association of Critical-Care Nurses, the American Psychiatric Nurses Association, and the Emergency Nurses Association developed a platform for nurses to take time for themselves to share thoughts, seek peer support, and virtually connect through facilitated conversations in a judgement-free zone via Zoom. For those interested in participating in this sort of program, visit <https://www.signupgenius.com/org/nursestogether#/> for more

information.

The Future

There is much more to learn about compassion fatigue, beginning with increasing awareness among coworkers, health care organizations, and professions. More knowledge is needed to disseminate the results of interventions that effectively prevent and combat compassion fatigue. Double-duty caregivers need to have attention paid to their unique situation, to keep them healthy and engaged in their many roles. It is essential that more research be conducted, with emphasis on efforts to increase the compassion satisfaction of our emergency nursing workforce.

Conclusion

Traumatic events will continue to bring patients and families to the emergency department and into nurses' personal lives. Although emergency nurses strive to apply evidence-based, safe practice to their patients and loved ones, safe practice and safe care does not end with an applied knowledge base. It continues with the care, compassion and empathy extended to patients, coworkers, families, and self. All nurses are at risk of developing compassion fatigue. Nurses have a professional obligation to strengthen their compassion satisfaction and to prevent, recognize, and combat compassion fatigue so that their special work continues on with the presence it deserves.

Definition of Terms

Compassion: The sympathetic consciousness and desire to help those who have experienced emotional or physical distress and/or misfortune.

Compassion fatigue: Fatigue that results from caring for those who are suffering, facing a traumatic situation, or who have undergone a tragedy.

Compassion satisfaction: The ability to feel satisfaction, purpose, happiness, and gratification from caring for others.

Double-duty caregiving: A professional caregiver who also has caregiving responsibilities in their personal life.

Burnout: A cumulative process marked by emotional exhaustion and withdrawal associated with increased workload, institutional stress, and feelings of powerlessness and inability to achieve work goals.

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