

# Compassion fatigue development factors and interventions essay examples

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Compassion fatigue is a condition that results from emotional, mental, and spiritual depletion, and it includes various symptoms, such as a sense of hopelessness, chronic stress, or constant anxiety. It is considered a secondary traumatic stress disorders because it affects people working with patients who have experienced or are experiencing traumas. While there is no direct experience for their caregivers, empathic engagement with patients provides an emotionally traumatic experience for the caregiver. The first mention of compassion fatigue was in 1992, when Joinson studied burnout characteristics among nurses in the emergency department. After finding their dissatisfaction with work, chronic fatigue, and lack of joy, Joinson coined the term compassion fatigue because it was considered a specific type of burnout that affected only those who assumed caregiving roles in society (Lombardo & Eyre, 2011).

Various principles were developed to describe the emotional depletion and lack of focus that often impacts caregivers. Burnout is the most universal and well-known concept of losing interest in productivity and distancing from the work-related tasks. Some of the most common factors that influence burnout are personality traits, organizational characteristics, and work-related attitudes (Sabo, 2011). These factors can serve as warning signs for potential burnout or fatigue in the future.

While burnout is already regarded as a different concept than fatigue, they do share certain similarities. According to researchers, burnout is characterized by indifferent behavior and withdrawal from the environment, but the burnout itself may be a warning sign and later develop into compassion fatigue (Lombardo & Eyre, 2011).

Raftopoulos, Charalambous, and Talias (2012) explain that burnout is a work-related issue while fatigue is a general term that can relate to more types of exhaustion. Essentially, burnout is a reaction to chronic stress, and the gradual progression of tardiness, absenteeism, and other growing levels of chronic stress are clear warning signs that nurses are facing a burnout that will possibly develop into compassion fatigue later.

The concept of fatigue is similar, but there are various different definitions of fatigue. One definition may claim it is a feeling of exhaustion that results in impaired cognitive and physical performance while others describe it as a state in which an individual inevitably ends up after being incapable of dealing with guilt or distress (Raftopoulos et al., 2012). Essentially, it is a consequence of caring for others and their problems, and it has an acute onset. As a general rule, in cases of fatigue, there is no decrease in performance, but the warning signs of accumulating fatigue are usually imbalances in empathy and objectivity when making decisions (Boyle, 2011).

The concept of empathy is probably the most important concept involved in the development of compassion fatigue. According to Sabo (2011), empathy is a trait that allows nurses to share their patients' experiences and feelings, so the impact of compassion fatigue is more likely going to occur in nurses who display more empathy.

The concept of engagement is similar to empathy, and the principle of relationship-based nursing (RBN) relies on active engagement with the patients. Because of developing relationships with patients, most nurses start developing the feeling of responsibility toward their well-being. When

nurses are too much emotionally involved with the patients, it is clear that their relationship will have a negative impact on the nurses' long-term performance and emotional health, especially when they are working with terminally ill patients or in the emergency department.

However, empathy itself is defined in different ways, so it can be described as a personal trait, a professional skill, or a reciprocal relationship quality (Sabo, 2011). Because empathy is often poorly defined and many models contradict each other in their attempts to explain it, the concept of stress-processing may be a better explanatory model to determine the causes of compassion fatigue development.

The ability to handle stress and show psychological resilience is the critical factor in preserving emotional, spiritual, and mental well-being in jobs such as nursing. However, individuals alone are often faced with overload when trying to cope with all of the emotions they experience when working with patients.

Eventually, no amount of resilience is enough to withstand the stress, so the mental survival strategy is to inevitably decrease responsiveness to emotional or physical trauma in others (Sabo, 2011). Problems in communication with colleagues and patients are a clear warning sign of growing stress and the inability to process it, so the intervention against the development of compassion fatigue is required in that scenario.

The main characteristic of compassion fatigue is its ability to affect the physical, social, and emotional well-being of a person. The symptoms caused by compassion fatigue can be divided into work-related, emotional, and physical issues (Lombardo & Eyre, 2011). Examples of work-related issues

include avoiding patients, reduced empathy, or poor communication with patients; examples of emotional symptoms include mood swings, anxiety, or irritability; examples of physical symptoms are headaches, insomnia, or digestive problems.

The most common cases of compassion fatigue are recorded among nurses who work in the most demanding areas of healthcare, such as intensive care, mental care, oncology, or pediatrics (Sabo, 2011). A study by Potter et al. (2010) proved that nurses who work with cancer patients have a strong sense of responsibility towards the patients and their families, and their work-related stress exhausts them mentally and causes employer dissatisfaction.

In essence, the consequences of compassion fatigue are related to neglect on the physical, emotional, and spiritual needs of caregivers. The physical needs of the caregivers are apparently a healthy lifestyle and rest to recuperate from the stress and nurture the self. The caregivers also need an emotional distance from patients more often because they need to deal with their personal issues occasionally as well. Finally, the spiritual aspect of life is important to many people, and finding refuge from daily stress and problems in prayer or meditation is a basic need for many people.

There are several strategies a caregiver can use to cope with compassion fatigue before it possibly turns into a more serious condition, such as vicarious traumatization. According to Boyle (2011), affective states, cognitive expectations, defensive processes, stress effects on mental well-being, and stress management skills are the most common factors that encourage the development and maintenance of compassion fatigue in

nurses. Addressing those causes may help the nurses relieve their compassion fatigue symptoms.

The most effective method of dealing with the issue is seeking professional guidance because it will more likely be objective and effective than a personal attempt to restore well-being. In that case, a mentor or supervisor will conduct an assessment and advise the nurse who needs to deal with fatigue. Developing self-caring rituals outside of the workplace, proper nutrition and exercise, devotion to spiritual activities, or reducing working hours can be effective strategies suggested by the consultant to affect the problematic areas identified during the assessment (Lombardo & Eyre, 2011).

The most critical point a strategy should address is the work/life balance because long hours are some of the most common factors that cause burnout and eventually lead to compassion fatigue in nurses (Raftopoulos et al., 2012). If caregivers fail to nurture their selves, they will not be able to care for others effectively (Boyle, 2011).

Other types of interventions within the workplace are also possible. For example, integrating art therapy in staff support groups can help them express their emotions rather than suppressing them (Boyle, 2011). Other methods employers can use to alleviate compassion fatigue are supporting their employees to attend funerals or send sympathy cards to their patients' families. Any method that can help nurses share and resolve the feelings of guilt and despair is suitable for a strategic intervention to minimize the impact of occupational stress on the staff. Overall, the intervention should be multifaceted because it needs to cover all of the caregivers' needs.

Caregivers require physical, emotional, and spiritual nourishment, and a proper approach should cover all three aspects. A proper strategy should also work on solving compassion fatigue on both the individual and organizational level. Some issues that are affected working hours and policies should be solved at the organizational level while personal issues and personal nourishment need to be solved on an individual level. The intervention should be a top priority for all healthcare facilities because it could increase the staff morale, reduce work avoidance, improve treatment outcomes, and promote patient satisfaction.

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