

Compassion fatigue

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Compassion Fatigue Introduction The term compassion fatigue (secondary traumatic stress disorder was first) was first coined by Joinson in 1992 in describing a condition that affected nurses who got worn down by their daily handling of emergencies in hospital according to Barnes (1997). The condition is closely associated with stress and burnout.

Signs and Symptoms

The condition is characterised by the reduction in a person's level of compassion, gradually, over time. The disorder commonly affects traumatised people and people who handle victims suffering from trauma (Beaton & Murphy, 1995). The main symptoms of compassion fatigue include pervasive negative attitude, persistent anxiety and stress, hopelessness and lower experiences of pleasure. The condition can affect an individual at a personal level and professionally as noted by Figley (1995). The effects of the condition include reduced productivity, reduced ability to focus, self doubt and feelings of incompetence. Other signs of the disorder include isolation, substance abuse and bottled up emotions.

Nature and Causes

Caregivers need to realise that just one story that overwhelms their ability to sensualise an event can lead to compassion fatigue. Compassion fatigue is mainly caused when caregivers witness marks of trauma in other people's lives to an extent that they get overwhelmed (Van & Rothenberg, 2009). Some of the common causes of the disorder include working with suicidal ideation, hearing stories of child abuse, dealing with people suffering from terminal illnesses, providing care to people who have suffered the loss of a loved one , and providing care to rape survivors, just to mention a few.

Physical, Emotional, and Spiritual Needs of the Caregiver

For caregivers to provide high quality services without succumbing to compassion fatigue, they should take care of their physical, spiritual and emotional needs. They should be in good physical health so as to be able to overcome the physical pressures that are exerted on them in the course of work. Emotionally, nurses get affected as they handle different cases, some of which are traumatic. The nurses need to find a way of easing the emotional stresses that they experience taking measures to ensure that these do not build up gradually or progressively. Yet again, nurses need to get in touch with their spiritual selves so as to have an assurance of being under the protection of a superior being.

Coping Strategies and Resources

In as much as compassion fatigue can cause a lot of suffering and pain, caregivers can overcome its effects by learning its symptoms and taking appropriate actions to avoid or overcome the disorder in case it takes root (Van & Rothenberg, 2009). One of the most effective strategies in handling compassion fatigue involves doing regular excursions. Yet again, healthy eating has proved to be important in overcoming stresses related to the disorder. Taking a lot of rest and sleep also helps in relaxing the body and mind of the health worker and is useful in overcoming the disorder (Van & Rothenberg, 2009). Engaging in social activities or participating in social events such as going to church/ attending spiritual service can go a long way in preventing or alleviating the problem of compassion fatigue.

Conclusion

Compassion fatigue is a problem that is characterised by constant stress and

anxiety, hopelessness, negative attitude and lower experiences of pleasure. The problem is common among caregivers who handle cases of trauma. Some of the strategies one can use in overcoming the problem include exercising, participating in social activities, and reading interesting books/novels.

References

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