

The Cost of Compassion: Compassion Fatigue in Nursing

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What started as the reason nurses chose the field has now become the reason many nurses are choosing to leave. Empathy and compassion are two qualities that make nurses so special, but when nurses begin to take on the emotional stress of their patients' pain and illnesses, they can grow burnt out and fatigued. Compassion fatigue is defined as, "apathy or indifference towards the suffering of others" (Oxford University Press, 2021). As a protective mechanism, nurses can begin to become apathetic to suffering when they are constantly seeing people go through emotional and physical pain. While nurses are protecting themselves, their patients are not receiving the level of care they deserve. Empathy is one of the most important qualities in a nurse, but when nurses give too much of themselves to their patients, they become unable to give themselves at all. The level of care for patients is an issue when nurses are unable to respond to their patients emotionally. As a nurse, creating emotional boundaries will allow for protection of the nurse's well-being as well as better care for their patients.

Compassion

Compassion and empathy are often the defining traits that make nursing such a unique profession. Compassion is defined as "suffering together with another, participation in suffering; fellow-feeling, sympathy" (Oxford University Press, 2021). Nurses feel emotions with their patients, which allows them to perform such intimate care and connect with the people they are caring for. Compassion allows patients to feel like they are not suffering by themselves; they have someone feeling for them and with them. Knowing how to best care for a patient involves getting to know them emotionally and learning about them as a person. Taking time to sit and listen to a patient and see how they are feeling will allow for a better relationship and better care to be provided.

Nursing is scientific, revolving around assessment, and is based on the anatomy of the body and pathophysiology of disease; however, nursing is also an art of caring. Sometimes nurses have to look beyond the science in order to treat their patients in the best way possible. Nursing is not cut and dry; what works to help one patient may not work for another. Patients want to be seen and heard, and nurses are able to focus in on that instead of just focusing on the medicine. The foundation of nursing lies in connecting with patients and using this connection to “maximize their potential for health and healing in living and in dying” (Todaro-Franceschi, 2013, p. 31). Connecting science with compassion is the key to nursing.

Being compassionate towards patients can also bring a level of satisfaction. Knowing that you are helping someone through their pain and suffering is something to be proud of. Compassion is a communal feeling, and it allows us to become one with our patients. Dr. Eric Cassel expressed that “the compassionate share the same universe with the sufferer — dark and light, air, gravity, noise, and quiet” (Todaro-Franceschi, 2013, p. 32). Compassion unites us with our patients by allowing them to feel less alone in their diagnoses. While compassion connects nurses to their patients, it can also cause nurses to suffer alongside them.

Compassion Fatigue

While compassion is a beautiful thing, it does not always occur without a cost. Compassion fatigue is commonly experienced among professions that are expected to provide empathy and compassion to others around the clock. To explain it simply, compassion fatigue was compared to going out into the sun, with zero protection, shade, or sunscreen, and hoping to not get a sunburn. Over time, this exposure will ultimately lead to a sunburn. Compassion fatigue works in similar ways. When we constantly give to others and assist them without attending to our own needs, it is only a matter of time before we become burnt out on the compassion (Butler,

2016). It is a common saying that you cannot pour from an empty cup, and this essentially describes the phenomenon of compassion fatigue. When we give our hearts and our emotions to our patients without taking care of ourselves, we grow apathetic and lose the ability to connect emotionally.

Compassion fatigue is felt by people across various different professions, but it is experienced at especially high rates within the nursing profession. Studies show up to 16-39% of registered nurses report feeling symptoms of compassion fatigue. The number of nurses experiencing compassion fatigue has only grown following the Covid-19 Pandemic. With the Pandemic, nurses were exposed to more trauma and more death, leading them to grow more overwhelmed by the emotions they had to share with patients and families. Most nurses report feeling compassion fatigue at some point within their careers, especially nurses working in emergency settings, hospice, oncology, and pediatrics (Durning, 2016).

Burnout and Compassion Fatigue

Compassion fatigue often occurs alongside burnout. Burnout is defined as, “a state of mental and physical exhaustion caused by one’s professional life” (Butler, 2016, p. 270). People grow burnt out from everyday tasks at work, especially when these tasks can become mundane and repetitive. When people become overworked due to growing companies or understaffing, they often become burnt out. People can become emotionally exhausted, alienated from their work or colleagues, and experience reduced performance in work when they become overworked and stressed. These qualities all can contribute to causing workers to feel burnt out within their profession. Burnout can range from being stressed, withdrawn, and needing a break to experiencing signs of depression (Butler, 2016). Everyone experiences burnout differently, and it takes different levels of stress for different people to begin feeling burnt out.

Burnout occurs across people in all fields of work, and it is something that all professions are researching how to combat. People in all careers can experience feelings of burn out and a lack of motivation towards their work. Overworking is one of the most common causes of burnout, and this can occur in any career. Upon researching burn out, the majority of articles found focused on burn out among nurses, doctors, medical students, and other healthcare professions. People in these professions commonly experience burnout and express their feelings of burnout. Healthcare settings are often understaffed, especially following Covid-19, which can lead to increased levels of burnout (Lluch et al., 2022). Alongside staffing issues, many healthcare workers work long hours, sometimes through the night. This undeniably causes a shift in life habits, leading to workers feeling burnt out at work and withdrawn from socialization. Working in healthcare may affect the person's ability to take time for themselves for sleep, self-care, and interaction with friends and family, which commonly leads to the feeling of burnout.

Burnout is not something that can be measured objectively, as the symptoms are personal to each person who experiences burnout. Burnout is often measured through self-report surveys that measure the levels of stress people feel from their professions by asking questions about their workplace experiences. These surveys ask questions about role demands, workload, and work environment. They may ask about the level of stress people feel from their job and if their job motivates them. Some surveys also ask the participant to rank the level of emotional exhaustion, depersonalization, and level of accomplishment they feel. Burnout can often cause people to feel a disconnect from themselves or feel as if they are a robot performing a task, and not the unique individual that they are. Feeling a lack of accomplishment in work is a very common experience in burnout. People can grow burnt out when they do not feel they are achieving anything, meeting goals, or making a difference through their work. All of these

factors can be examined to determine the level of burnout an individual experiences (Pines et al., 1998). Burnout is often temporary, and it is something most people will experience at one point or another in their lives. Combating work burnout will look different for every person, but it may include brainstorming ways to do work differently or start new projects, starting hobbies outside of work, and using organizational tools to better manage projects.

Burnout is typically focused on the physical exertion and demands of a job, whereas compassion fatigue focuses more on the emotional exhaustion people experience through giving themselves to care for others, and witnessing others go through traumatic and painful experiences. Healthcare workers commonly experience burnout due to having to make life or death decisions, working with patients and their families, and being expected to support your patients emotionally. Compassion fatigue occurs when people grow emotionally exhausted from exposure to others' suffering (Lluch et al., 2022). Compassion fatigue is the “natural behaviors and emotions that arise from knowing about a traumatizing event experienced by another — the stress resulting from helping or wanting to help a traumatized person” (Butler, 2016, p. 270). This definition explains why so many nurses are affected by compassion fatigue; they are exposed to patients' hardest days, families' worst nightmares, and traumatic injuries almost every day when working in a hospital. Compassion fatigue is sometimes also referred to as secondary traumatic stress, which is defined as being overwhelmed by witnessing traumatic events that happen to others (Butler, 2016). When experiencing burnout and witnessing so much trauma, people begin to gradually give less compassion over time. This is a protective mechanism that the mind utilizes to limit the amount of emotional pain it must feel. Butler explains that when people are constantly exposed to trauma victims, they become “saturated with pain, loss, and grief and may develop a lack of patience with ongoing and unresolvable issues”

(Butler, 2016, p. 271). This saturation can lead to feelings of hopelessness, anxiety, stress, apathy, trouble sleeping, lack of focus, isolation, and negative feelings (Butler, 2016). These feelings are common among the nursing profession, especially those involved with high acuity and trauma patients.

Similar to burnout, compassion fatigue can only be measured through subjective reports and surveys. Several instruments have been developed by clinical psychologists and social workers to assess compassion fatigue. The Compassion Fatigue Self-Test (CFST) is one of the most common tools used to assess compassion fatigue. This test is comprised of 40 questions: 23 about compassion fatigue and 17 about general burnout. In each of these questions, the test-taker is asked to rate how often the characteristic is true about themselves on a scale of rarely/never (1) to very often (5). Scores below a 26 indicate an extremely low risk of compassion fatigue, and scores above a 36 indicate a high risk for compassion fatigue. Tests like these can only screen for signs and risks of compassion fatigue, but they can be helpful in assessing whether a person may be at risk for experiencing compassion fatigue and help to reduce the risks (Bride et al., 2007).

Impact of Covid-19

Covid-19 has had an undeniable effect on healthcare workers. In the worst of the pandemic, doctors, nurses, and other healthcare professionals were the people putting their lives on the line in order to care for those in need. Throughout the pandemic, healthcare workers have had to work long hours with minimal breaks behind masks and layered in PPE. They worried about getting their families sick through exposure, getting sick themselves, and having to witness patients dying on a daily basis. The combination of these situations led to a large increase in the psychological stress levels of healthcare workers. A study done on the impact of Covid-19 on burnout, compassion fatigue, and compassion satisfaction showed an increase in the amount of

compassion fatigue experienced among health care professions when comparing pre-Covid and during Covid times. Prior to Covid-19, studies showed moderate levels of compassion fatigue amongst healthcare workers, and studies taken place following the start of Covid-19 show high incidence of compassion fatigue. Workers became more burnt out, more emotionally exhausted, and more overworked, which were all impacted by the constant exposure to critically ill and dying patients (Lluch et al., 2022).

The pandemic also led to a large number of healthcare workers choosing to leave the field. Many older adults chose to retire early, and many other healthcare workers chose to leave their profession in order to keep themselves and their families healthy. This led to a massive shortage of healthcare workers, especially nurses. With less nurses to do more work and care for more patients at a higher acuity, nurses began to grow burnt out fast. Nurses were witnessing death constantly and were often given little time to process what was going on around them. They may have witnessed a patient death or code in one room, and then were expected to care for another patient just moments later. They were not taking time for themselves, and many were also unable to destress through typical means after work due to isolating in their homes in the height of the pandemic. Overall, the pandemic created a stressful work environment for nurses, leading to increased rates of burnout and compassion fatigue (Lluch et al., 2022).

Impact on Patient Care

When nurses become impacted by compassion fatigue, patient care is negatively impacted. A study done in Canada showed that there was a correlation between medication errors and nurse burnout. When nurses are burnt out on emotions associated with their job, they are more likely to make mistakes that put patients in harm (Todaro-Franceschi, 2013). A study on nursing fatigue and patient safety reported a significant relationship between nurses being

fatigued and rating their work ethic and performance as poorer. When nurses have no energy left for themselves, they have no energy left to give to their patients and are more prone to make mistakes that could put patient safety at risk. They also found significant evidence to support that patient safety management was at a decreased level when nurses expressed higher levels of fatigue and burnout. Nurses self-reported more errors when they reported also being fatigued. This study found that overall when nurses are fatigued, patient care is more at risk for errors (Cho & Steege, 2021).

Positive clinical outcomes are not the only thing patients hope to get out of their healthcare experience, they also want to feel supported and cared for throughout their stays. Not only does compassion fatigue create an increased risk for patient errors, but it also promotes a more negative hospital environment. Patients want to feel empathized with, listened to, and supported. They cannot experience these feelings if nurses are unable to provide emotional support to them. If patients do not feel supported by their nurses, it will lead to a less comfortable environment. A patient's environment plays an important role in their ability to heal and feel better. An uncomfortable environment leads to more feelings of stress, which impairs the body's ability to heal. If a patient feels a lack of a connection with their nurse, they are much less likely to express when they do not feel well, which ultimately negatively impacts their care.

Solutions to Compassion Fatigue

Education about Compassion Fatigue

Starting at the nursing school level, nursing students should be taught how to effectively manage compassion fatigue and their emotions. As a nursing student, we spend most of our time in lecture and clinical learning the science behind nursing. Nursing students like myself are put under immense pressure to perform strong in an academic setting, which often comes at the cost

of our self-care and mental health. Nursing school faculty and administration need to better advocate for their students' mental health and wellbeing, so that we are able to develop healthy habits in managing our stress and emotions. If healthy habits are created within nursing school, less nurses will face compassion fatigue as we enter the field. Nursing faculty can also share their experiences with compassion fatigue – what it felt like, what led up to it, and how they managed these emotions. Personal narratives such as this would allow students like myself to learn that compassion fatigue is a normal thing that most nurses experience at one point or another, but we can learn what signs to look out for and how to manage these emotions.

Forming Boundaries

Nursing is a beautiful and important field, and we need to ensure nurses are taking care of themselves, so they can continue to take care of their patients. Compassion is not something nurses should fear showing to their patients. Compassion does not have to equal suffering, “It is an emotion and act of love” (Todaro-Franceschi, 2013, p. 33). Nurses do not have to suffer alongside their patients in order to show them compassion. Nurses can form emotional boundaries that allow them to connect and be there for their patients without compromising their own mental health. Many nurses try to leave their emotions at work when they leave the hospital. They allow themselves to feel compassion and emotions towards their patients, and they try not to carry the emotional feeling they experience into their personal lives. Nurses can connect emotionally with patients without feeling like these emotions are going to overtake their lives. In a field such as nursing, there is no way to completely avoid feeling compassion fatigue at times, but nurses can learn to form these boundaries and care for themselves in order to manage their emotions in a healthy way that allows them to return to the job they love and provide better care for their patients.

Self-Care

Self-care is extremely important to all people, but it is even more important to people in a career like nursing. Nurses are giving and helping and assisting people all day, which can take a toll on people. This constant state of giving to others often results in no more energy to give to yourself. Participating in acts of self-care is so beneficial to nurses, and it is one of the best ways to both prevent and treat compassion fatigue. Self-care looks different for everyone; it could be going to the gym, reading a book, taking a bath, or going for a walk. It is taking time to do things that make yourself feel good and “refilling your cup.” When doing self-care, it is important to take care of your mind. Reflecting on emotions through journaling or thought is so important in learning how to process difficult emotions and deal with emotional situations. Throughout the shift, nurses should be reminded to take breaks as well to breathe, eat some food, and drink water. These breaks can help recharge the nurse and separate them from a stressful situation for a moment.

Seeking Support

Nursing is an emotional profession and having support from those around them is vital to preventing and healing compassion fatigue. Seeking support from friends and family is a great way to foster human connection and feel less isolated. Preventing compassion fatigue does not mean nurses should stop feeling emotional about their patients; they just need to develop healthy habits in seeking support. Nurses should take time to reflect on how they are taking care of themselves and their mind, and they can even consider speaking to a therapist if it would be helpful for their mental health (Butler, 2016). While seeking help from friends and family can be very beneficial to nurses in the treatment and prevention of compassion fatigue, hospital administration needs to do more to care for their staff, especially nurses. A study on compassion

fatigue in trauma nurses emphasizes that compassion fatigue is consistently looked over by hospital leadership, and nurses are “encouraged to be resilient and normalize work-related stress” (Beres et al., 2022, p. 211). While being resilient is great, compassion fatigue is not something nurses should be normalizing to an extent of overlooking it. Nurses should be normalizing it in a way of bringing awareness, making people feel less alone, and teaching methods of how to get through feelings of compassion fatigue.

Hospital administration should do more to show that they care about the mental health of their health care team. Hospitals should be implementing debriefing sessions following a death or trauma and offering counseling to all employees when needed. Debriefing sessions can be “a nonthreatening and low-cost solution that allows participants to learn from unexpected outcomes, identify opportunities for improvement, and promote well-being” (Beres et al., 2022, p. 211). These sessions allow those involved in traumatic situations to share their emotions, which helps reduce compassion fatigue and create a more supportive environment among the staff. When nurses are able to discuss and debrief about a situation, they are more likely to be able to move forward in a quicker and healthier way.

Choosing Compassion Anyway

You might be reading this paper and thinking, through all of this you still want to become a nurse? And my answer for you would be, yes. For as long as I can remember, I have felt an innate pull towards nursing. My compassion and empathy for others is always something I have viewed as one of my greatest strengths. I will not deny that a career in nursing will be difficult and emotionally draining at times, but I also know that it will be extremely emotionally rewarding.

A moment for me that solidified that nursing was the correct career choice for me was during a shift at my current job as a clinical assistant on a pediatric oncology unit. I was caring for a 16-year-old nonverbal patient with Down syndrome. She could not communicate with us as most other people do, so it was a challenge to anticipate her needs and provide her the best care. It would have been easy for her caregivers to just go in and do what needed to get done, but her nurse took the time to explain everything she was doing and speak to her like she would speak to any other patient. When we were cleaning up the patient, the nurse provided a caring touch to the patient's face, and she touched the nurse's face back. It was such a special moment to witness and a reminder that we were able to make this patient feel cared for during a time she was scared and in pain. It was the perfect reminder of why I chose to become a nurse and subject myself to witnessing difficult moments.

Witnessing the suffering of others can be difficult, but it is also a privilege that not many careers get the opportunity to do. Nurses have the opportunity to be there for people during some of the hardest times they may go through. When people leave the hospital, it is often nurses that left the largest impact on them. Doctors may be the ones to cure their illnesses, perform their surgeries, and make important diagnoses, but they will remember the nurses who were there with them to celebrate their recoveries, care for them in their healing, and support them in new medical diagnoses. I will not fear compassion because I know it is one of my greatest strengths.

Conclusion

To conclude, compassion fatigue is never going to go away completely, but nurses can learn to notice the signs of compassion fatigue and use strategies that work for them to process and manage these emotions. Compassion fatigue can and does exist alongside compassion satisfaction. Nurses should never fear being compassionate because they do not want to

experience this fatigue. Nurses can feel compassion towards their patients without compromising themselves, and they can feel fulfilled through this compassion as well. Compassion is beautiful, and it allows nurses to connect with their patients and their patients to feel cared for and seen.

I am proud to be a compassionate and empathetic person, and I will not let fear control me. I will not let fear affect the way I care for people and connect with people. I will continue to feel compassion because that is what will make me a great nurse. While doing this, I will always continue to provide compassion to myself. If nurses learn to manage their emotions and create boundaries within their work lives, compassion can be something that satisfies them rather than fatigues them. When nurses are able to connect with their patients while forming boundaries that protect themselves, both nurses and patients are able to get the best experience out of healthcare.

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