



COMPASSION FATIGUE IN NURSING: CAUSES, CONSEQUENCES, AND CONTEMPLATION FOR ANSWERS

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ABSTRACT

In the United States over the past twenty years, nurses have had the highest ethical rating among a diverse list of professions. Yet the physical, emotional, and psychological job demands have taken a toll in the field of nursing and have made this group of professionals susceptible to the deleterious effects of compassion fatigue. This article attempts to define the causes, address the consequences, and contemplate concrete answers addressing compassion fatigue that will be beneficial for both the nursing community and the healthcare system. The lines of communication between both groups must be open whereby real solutions are solicited in a collaborative environment that will magnify the positive aspects of the Professional Quality of Life (ProQoL) for nurses who work in a field that relies on compassion and other meaningful attributes for the patients they serve.

Key words: nursing, compassion fatigue, well-being, stress.

INTRODUCTION

Researchers have described *compassion* as caring for someone suffering, the emotional feeling accompanying the care, and the desire to reduce and alleviate suffering (Greenberg & Turksma, 2015; Ledoux, 2015). As such, the nursing community continues to be at the forefront of trustworthy professions in the United States. According to Gallup, nurses captured the highest ethics rating from Americans among a diverse list of professions, an honor they have held for more than twenty years. The seventy-nine percent of U.S. adults who now say nurses have “very high” or “high” honesty and ethical standards is far more than any of the other seventeen professions rated (Brenan, 2023). For all the work, energy, and trustworthiness that nurses bring to their jobs, it is their compassion that is recognized internationally as one of the five professional values all nurses must demonstrate (Durkin et al., 2018).

Compassion is a marvelous gift to those who need help. It is the experience of deep empathy for a person suffering along with a desire to resolve their adversity or remedy their pain (Figley, 2002b; Stamm, 2002). Therefore, we assist others for compassion satisfaction – the positive and pleasurable experience

of helping others that can be nourishing (Stamm, 2012). Conversely, nurses are predisposed to compassion fatigue by repeated exposure to others’ suffering, high-stress environment, and the continuous giving of self (Peters, 2018). Nurses can experience compassion satisfaction (CS) and compassion fatigue (CF) simultaneously, but when CF overrides, it may undermine their ability to feel CS (Stamm 2002; Bride, Radey, & Figley, 2007). Whereby CF in nursing eventually leads nurses to neglect their patients, thus compromising their safety (Ryu & Shim, 2022).

Performance variables are consistently monitored, making it is even more vital to understand how competitor strategies can influence competitive business models (Mohammadzadeh et al., 2019). Developing and maintaining a competitive advantage through product differentiation and leadership focus is required in sustaining customers and geographic markets (Mohammadzadeh et al., 2019). The pressure to maintain market share and competitive sustainability leads organizations to assess their viability and current organizational structure.

Strategic management is needed to deliver sustainable results in the research and development process (Carrera et al., 2015). Innovation can have a

strong influence on the long-term sustainability and viability of a pharmaceutical organization. New products that come to market often require a newly developed salesforce or an evolved market approach. For global pharmaceutical companies to remain viable and sustainable, it is common to implement survival techniques, such as creating change (Lee & Yang, 2014). Transformation initiatives are ideal for organizations to remain sustainable, and change processes often fail far more than they succeed (Imberman et al., 2017). Organizations may implement transformative initiatives such as restructuring business units, general company downsizing, and leadership changes.

Change leaders are needed within organizations to assist employees in understanding the situation and the vision related to the change outcome (Deszca et al., 2020). Change can occur in different forms, such as restructuring employees, implementing new technology, and merging organizations (Lee et al., 2017). Numerous reasons can lead to an organization implementing change. Regardless of the type of change, the impact on employees is frequently extreme due to individual job loss or career shifts (Oreg et al., 2013).

Causes of Compassion Fatigue

Compassion fatigue (CF) is a serious problem that can undermine a person's mental and physical health and negatively affect their relationships and ability to care for others (Cocker & Joss, 2016). Stamm (2010) illustrates in her professional quality of life model (ProQoL) that CF has two constructs namely burnout (BO) and secondary traumatic stress (STS). According to Kelly (2020), the causes of BO stem from the external pressure of caring for patients and pressure from organizational policy and practices.

Shah et al. (2021) further state that poor staffing ratios, lack of communication between physicians and nurses, and lack of organizational leadership within the working environment also contribute to nursing BO. The World Health Organization (WHO) states that the signs and symptoms of BO include mental and physical exhaustion, mental distance from the job, cynicism about the job, and reduced efficacy in the workplace (ANA, n.d.). While BO does not necessarily take hold after experiencing another person's trauma (Figley, 2002a; Middleton, 2015) it can gradually build up (Brown, 2021).

On the other hand, STS occurs when you are unable to save someone from their suffering, and you become distressed and preoccupied with their pain (Cocker & Joss, 2016). STS is often reported in many caring professions including nursing who suffer emotionally from shared traumas with their patients

(Bock et al., 2020). Unlike BO, which is due to the stresses of a job, STS presents with actual trauma symptoms such as hypervigilance, avoidance, re-experiencing, change in mood, guilt, anger problems sleeping, challenges with concentration, exhaustion, and an impaired immune system (Marsac & Ragsdale, 2020).

It is imperative to put in context the size of the nursing population that can be impacted by CF. There are approximately 5,355,450 nurses in the United States, which is expected to grow to upwards of 11 percent by 2030, with registered nurses (RN) comprising the bulk of the nursing space (Wiesen, 2024). The US Bureau of Labor Statistics projects that more than 275,000 additional nurses are needed from 2020-2030 to meet the growing demands (Haddad et al., 2023). Notwithstanding, there is a nursing shortage aided by factors such as an aging patient population, an aging workforce, early retirements, violence in the healthcare setting, and BO to name a few (Haddad et al., 2023), ultimately leading to a staff ratio dilemma that is a clinical concern (Moloney et al., 2018).

Consequently, the amount of stress and BO that nurses experience is often the function of the nurses' work environment and coping resources (de Oliveira et al., 2019). Hence it comes as no surprise the nursing community is vulnerable to one or both constructs of CF since they often enter the lives of others at critical junctures and become partners, rather than observers, in patients' healthcare journeys (Boyle, 2011).

Consequences of Compassion Fatigue

According to Boyle (2015), research has shown that the 'cost of caring' can unfortunately lead to CF if not addressed early. Perez-Garcia et al. (2021), conducted a qualitative study of five focus groups with 43 nursing professionals and uncovered that the consequences of CF were difficulties in carrying out their work, repercussions on family and private life, anxiety, stress, and, in some cases, the desire to quit the profession. The harm from BO and secondary trauma in health care professionals can be profound, impacting a significant portion of the workforce and manifesting in real suffering, including depression, emotional trauma, and suicide (Kelly, 2020).

Weichler and Bass (2023) further state that if you experience CF in the nursing profession, you may become irritable with patients, along with tearfulness anxiety, and mood swings (Stoewen, 2020), increased substance abuse, anger, impaired clinical making decisions, and compromised patient care (Gustafsson & Hemberg, 2022). Therefore, the results of CF, particularly BO, can eventually lead to high nursing turnover intentions regardless of the perceived job market outlook (Barron, 2022).

Financially speaking, Dempsey et al. (2016) state that the average cost of turnover for a bedside RN ranged from \$36,900 to \$57,300, leading to a loss of \$4.9M to \$7.6M for an average hospital, according to the survey. Muir et al. (2022) uncovered that a hospital spends an expected \$16,736 per nurse per year employed on nurse burnout-attributed turnover costs.

Alternatively, in a hospital with a BO reduction program, such costs were \$11,592 per nurse per year employed. Dempsey et al. (2016) further explained that nurses spent more time in BO under the status quo scenario compared with the BO reduction scenario (1.5 versus 1.1 years of employment) as well as less time employed at the hospital (2.9 versus 3.5 years of employment). Ultimately, when nurses are suffering from BO they are more likely to have been absent 1 or more days in the last month and have poor work performance (Dyrbye et al., 2019).

Contemplation for Answers

Walters (2022) states that CF reportedly affects 16 percent to 39 percent of RNs, with most reports coming from nurses working in areas like hospice, oncology, and emergency care. Accordingly, after the COVID-19 pandemic, the impact of CF is reportedly far greater among nurses. Compassion fatigue (CF) can translate into poorer work-related morale, greater absenteeism (Lee et al., 2019), and reduced job satisfaction. In this sense, CF is a costly consequence: both on a personal and organizational level. Systemic changes to recognize and proactively manage CF are needed now more than ever (Rimmer, 2021). Therefore, leadership within the healthcare organization must proactively seek opportunities to *prevent* CF or at the very least, provide solutions once signs of CF have settled within the nursing community, especially addressing *BO*.

Muir et al. (2022) articulate that given the status quo; the costs of BO are higher when compared to a hospital that invests in a nurse BO reduction program. Therefore, hospitals should strongly consider proactively supporting programs that reduce nurse BO prevalence and associated costs. Specifically, formal and informal individual and organizational approaches to supporting novice nurses' transition and experienced nurses' sustained practice fulfillment are key to addressing BO and fostering retention (Dulko & Kohal, 2022). Additionally, research has uncovered that positive and relational leadership styles can improve nurses' job satisfaction, organizational commitment, and retention while concurrently reducing emotional exhaustion and BO (Hall et al., 2021). Lastly, high levels of social support from supervisors and coworkers are found to play a fundamental role in preventing BO (Velando-Soriano et al., 2020).

Zhang et al. (2020) explain that BO is a complicated problem and should be dealt with by using a bundled strategy. For example, this may include individual-focused emotion regulation, self-care workshops, yoga, massage, mindfulness, meditation, stress management skills, and communication skills training, structural or organizational (workload or schedule-rotation, stress management training program, group face-to-face delivery, teamwork/transitions, Balint training, debriefing sessions, and a focus group) and combine interventions such as stress management and resiliency training, stress management workshop and improving interaction with colleagues through personal training. Kaple et al. (2023) state there are specific strategies preventing nursing BO in the first place including developing strong interpersonal relationships, setting boundaries between work and personal life, getting enough sleep, focusing on your physical and mental health, and seeking out regular therapy if necessary.

Mealer et al. (2014) emphasize that a resilience training program consist of teaching professional techniques for dealing with cognitive behavior and increasing resilience to the challenges demanded by the nursing profession. They suggest resilience can be taught, developed, and strengthened through coping skills training. Mackenzie et al. (2006) presented a mental health program for nurses: audio recorded mental exercises which the nurses listened to for 10 minutes daily, five days per week for four weeks; this type of intervention displayed effectiveness in reducing BO.

CONCLUSION

Nurses provide empathetic, compassionate care for patients experiencing some of the most difficult times of their lives. This type of work takes an emotional toll on nursing professionals over time, potentially leading to CF or a decline in the ability to provide empathetic, compassionate care. Nurses must become knowledgeable about CF symptoms and intervention strategies while developing a personal plan of care to achieve and maintain a healthy work-life balance. Ultimately this will allow nurses to meet both their own needs and the needs of the patients and families through an empathic relationship.

Finally, the rise in BO in nursing is significant. Therefore, it is imperative that leadership within the healthcare system proactively root out the causes, understand the consequences, and contemplate genuine action items dealing with CF within their nursing ranks to provide a positive and collaborative working alliance with the nursing community and the patients they serve.

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