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Preventing and Managing Compassion Fatigue and Burnout in Nursing

by Heidi Braunschneider

(English 1102)

Imagine a young, female nurse waking up for work feeling emotionally drained and wanting nothing more than to go back to sleep and call in sick. Even the thought of going to work as an oncology nurse at one of the most prestigious hospitals in the country makes her upset when it used to fill her with joy. Also, the thought of being able to care for others and make a difference in their lives is no longer rewarding, and she feels too exhausted physically and psychologically to perform her job to the best of her ability. She has contemplated switching careers multiple times even after all the work she put into studying for nursing school. This is what goes through the minds of nurses who are suffering from compassion fatigue and burnout. Unfortunately, one of the reasons this situation arises is due to the nursing shortage. Nurses are being forced to work longer hours and are pressured into working overtime, because there are not enough nurses on staff to adequately care for the patients. Given how prevalent and preventable this condition has become, it is important that current and future nurses are made aware of compassion fatigue and burnout because of the significant effects that it can have on a nurse both physically and psychologically. It is equally important that hospital administrators and nurses themselves establish and use whatever resources are available to address this problem.

Compassion Fatigue and Burnout in Nursing

Compassion fatigue and burnout can have devastating effects on nurses' well-being and can ultimately alter their ability to care for others. According to Anewalt and Figley, compassion fatigue "has been defined as a combination of physical, emotional, and spiritual depletion associated with caring for patients in significant emotional pain and physical distress" (qtd. in Lombardo and Eyre, 1). Nurses develop compassion fatigue when they are under constant stress at work from caring for critically ill patients and reach a point where they become extremely exhausted and are no longer able to care for themselves or others. This high level of stress that nurses experience begins to affect their health and job performance. The nurse suffering from compassion fatigue may make medication errors, perform skills incorrectly, or may forget to give a patient their pain medication, which can ultimately harm the patient. According to Edmunds, "hospice nurses; nurses caring for children with chronic illnesses; and personal triggers, such as overinvolvement, unrealistic self-expectations, personal commitments, and personal crises are linked to compassion fatigue" (1-2). Nurses caring for patients in acute care settings such as the emergency room and the oncology unit are also at an increased risk of developing compassion fatigue because of the added stress of caring for patients in extreme pain. Nurses need to maintain realistic expectations for themselves and their patients and must learn to refrain from becoming too emotionally attached to them and their families. In addition to compassion fatigue, burnout can also have devastating effects on nurses and their patients.

Burnout is also a problem that many nurses are facing and it is important that nurses understand what burnout is and are able to recognize it. When compared to compassion fatigue, burnout is more gradual in onset and is related to problems in the workplace rather than from becoming too attached to patients. According to Ewing, burnout is "caused by a person's inability to relieve the physical and mental symptoms associated with unrelenting stress. It can show up as poor job performance, an impersonality with patients and lack of motivation" (qtd. in Malugani, 1). When nurses experience job burnout, both the nurses and the patients suffer. Nurses no longer enjoy going

to work, and as a result, patients are not advocated for appropriately. This can become problematic, as the nurses are not performing their job and the patients are not receiving the level of care they deserve. Burnout can also be caused by working longer shifts. Researchers from “the University of Pennsylvania School of Nursing report that nurses working shifts of 10 hours or longer are up to 2 ½ times more likely than nurses working shorter shifts to experience burnout and job dissatisfaction” (“Long Shifts”). It is important for nurses to be able to have time to themselves between shifts to prevent burnout instead of working three 12-hour shifts in a row without rest.

Areas Where Nurses Experience Higher Levels of Compassion Fatigue and Burnout

The oncology unit is one of the areas where nurses experience higher levels of compassion fatigue and burnout. This unit can be a very emotionally difficult unit for a nurse to work in because nurses have frequent contact with patients who are dying. Lewis suggests “that the intense and ongoing losses experienced in oncology care make oncology nurses very vulnerable to burnout” (qtd. in Potter et al., “Compassion”, 60). It can be especially difficult for nurses to deal with the loss of a patient that they have known and taken care of for a long time. A study was conducted across the Midwestern United States which measured burnout, compassion satisfaction, and compassion fatigue scores among healthcare providers working in oncology. According to Potter et al., “a total of 153 healthcare providers participated in the study for a response rate of 34%...The average compassion fatigue score among participants was 15.2 (SD=6.6), which was higher than the average score of 13 reported by Stamm” (“Compassion”, 59). Caring for patients who are dying can be very stressful for the nurse because it is hard not to become attached to them and their families. It is also difficult to see the patients suffer so much by going through multiple surgeries, chemotherapy, and radiation therapy treatments. It is important that nurses under severe stress working in the oncology unit seek help immediately and possibly transfer to a different unit to prevent compassion fatigue and burnout.

The emergency department is another unit where nurses experience higher levels of compassion fatigue and burnout. The nurses working in the emergency department see on average about fifty patients per shift compared to about four patients on a normal medical-surgical floor, which can be both physically and psychologically exhausting. According to Browning et al., “in a recent study comparing three nursing specialties, ED nurses had higher burnout scores and reported more frequent stressors than their counterparts” (qtd. in Sawatzky and Enns, 699). Nurses working in the emergency department are frequently under an extreme amount of stress because they never know what they will encounter when someone gets rushed through the emergency room doors. The constant stress and having to be alert at all times can cause a nurse to develop compassion fatigue or burnout. Another problem facing emergency department nurses is the nursing shortage. According to Carlbon and Rubenfeld, “predictions are that nursing vacancy rates [in North America] will reach 29% by 2020” (qtd. in Sawatzky and Enns, 696). Due to the nursing shortage, nurses already working in the emergency department are pressured into working overtime because there are not enough nurses available to adequately care for the patients. This can also lead to compassion fatigue and burnout because nurses are not given enough time to rest in between shifts and relieve their stress.

Prevention of Compassion Fatigue and Burnout

Compassion fatigue and burnout can be prevented; it is important for nurses to be able to recognize the warning signs so that they can seek help immediately if any develop. Compassion fatigue and burnout can have both physical and emotional symptoms. According to Aycock et al., some symptoms of compassion fatigue include “...preoccupation (r/t patient experiences)...attitude of hopelessness...lack of energy...weariness, sense of fatigue, exhaustion...withdrawal from family or friends...absenteeism... desire to quit, [and] diminished performance ability...” (qtd. in Boyle, 11). Nurses should be caring and empathetic towards their patients; however, it can become

troublesome for the nurse and patients when nurses take on the emotions and suffering of their patients as their own. Since compassion fatigue can affect all aspects of a nurse's life, it is important that nurses experiencing one or more of these symptoms seek help immediately. The sooner the nurse is identified as having compassion fatigue, the sooner the nurse can get the appropriate treatment and recover in the shortest amount of time.

Burnout can have a profound effect on the health of a nurse. According to the Amyotrophic Lateral Sclerosis Association, "some common health problems associated with burnout are frequent insomnia, fatigue, headaches, backaches, lethargy, and high blood pressure" (2). These health problems can lead to impaired job performance, neglected relationships, and feelings of inadequacy. Since burnout is more gradual in onset, a nurse may be able to recognize these symptoms more easily than those of compassion fatigue and seek the appropriate treatment before the problem escalates.

Self-care and self-reflection strategies may also be used to prevent compassion fatigue and burnout. According to Potter et al., it is important for nurses to use self-reflection after a difficult day at work because it allows them to identify the emotions they are feeling and the reason they are feeling them. Sometimes, the emotions that a nurse is feeling may not be directly related to a patient; instead, the emotions may arise from a situation in their personal life, and it is important for the nurse to be able to distinguish between the two and manage appropriately (Potter et al., *Fundamentals of Nursing*, 727). Self-care can also be used to prevent compassion fatigue and burnout. Elements of self-care include eating a well-balanced diet, getting adequate rest, exercising, and learning how to remain positive. Stress relief activities such as walking, yoga, or meditation may also be helpful. With life being as fast-paced as it is today, it is imperative that nurses take the time to care for themselves in a way they find therapeutic. These strategies not only help to prevent compassion fatigue and burnout, but also help to promote personal and spiritual growth in the nurse.

Another way to prevent compassion fatigue and burnout is for nurses to keep their life at work separate from their life at home. Nurses not only care for themselves and their families, but they must also care for their patients. Many times nurses become so emotionally invested in their work that they cannot stop thinking about it when they reach home, which may lead to problems in their personal lives. Since nurses care for their patients all day and then come home to care for their families, it is important for nurses to keep the two separate and find time for themselves to clear their heads and relax. One way to accomplish this is by participating in relaxation exercises such as deep breathing, meditation, and journaling. These exercises allow nurses to put aside their feelings and focus on providing care for themselves.

Resources Available to Help Nurses Cope

Counseling is an important resource available to help nurses cope with compassion fatigue and burnout. Many times hospitals will provide an on-site psychologist that nurses are able to talk to during their free time such as during their lunch or on their days off. This allows nurses to share what they are going through with a professional and they can get assistance on how to cope with either compassion fatigue or burnout. Support groups are also an important resource available. Support groups can be therapeutic for nurses suffering from compassion fatigue and burnout because it allows them to share what they are going through with others who are in the same situation. There are many different types of support groups. One type of support group held at Edward Hospital in Naperville is a caregiver support group that meets once a month in the evenings for about an hour and a half. According to Edward Hospital, the caregiver support group is "for caregivers, family members, spouses, and support people" (2). These support groups are usually led by a registered nurse or a psychologist who is there to clarify anything for the members or answer any questions. The support group members are able to offer advice to other members and share their experiences with what has helped them cope. Another type of support group is one that is available only for new nurses. According to Lombardo and Eyre, "new-nurse support groups can also help to decrease stress and

prevent compassion fatigue” (7). These support groups are beneficial to those who are just beginning their nursing career and are struggling with maintaining their work-life balance.

Many hospitals also have an employee assistance program available for their staff. According to Lombardo and Eyre, “the primary purpose of the EAPs is to provide employees with supportive counseling for personal and/or work-related issues... [Their] classes are designed to decrease stress, enhance work-life balance, and provide help for employees experiencing conditions such as compassion fatigue” (5). Hospitals are now becoming more aware of the effects that compassion fatigue and burnout can have on their staff and are assisting them by providing classes on how to cope with it. This proves that compassion fatigue and burnout are becoming more prevalent in the field of nursing.

Another resource available to help nurses cope is pastoral care, which allows them to come to terms with the loss of a patient or discuss any spiritual concerns they may have. This is a valuable resource for those nurses who are spiritual and are having difficulty facing their fears about life and death. Mimi Alvarez, a psychiatric clinical nurse specialist at the University of North Carolina, participates in the 13 week orientation to their residency program that teaches nurses on how to cope with compassion fatigue. A portion of their orientation takes place in the hospital chapel where “soft music plays and tea lights and singing bowls adorn the altar. Alvarez then leads an oil-cleansing ritual that helps the participants connect with themselves, release fatigue, and become grounded again” (Walton and Alvarez, 400). It is important for nurses to learn how to cope with their compassion fatigue and to know that they are not experiencing it alone.

Another way for nurses to battle compassion fatigue and burnout is by using relaxation techniques. One method is by going on a retreat. According to Aycock and Boyle, “ideally offered in a relaxed setting, retreats can provide an opportunity for informal interactive exchanges, art, journaling, storytelling, and team building” (188). Although not as common now, it is quickly gaining popularity. It is important for nurses to have the opportunity to relax during their breaks and take their mind off of the stressful events that are occurring at work. Another method is by going to a place that is quiet and allows for complete relaxation. According to Lombardo and Eyre, “[their] hospital system has promoted self-care through a Relaxation Center where nurses can go for brief periods of respite. At this center, nurses can receive reiki, light massage, or just relax in a quiet and comfortable setting” (6). It is important for nurses to take the time to pamper themselves and take care of their needs. A person can only give so much before it starts to take a toll on them.

Conclusion

Compassion fatigue and burnout are becoming more prevalent in today’s society. Due to the nature of nursing, it is often difficult for nurses not to become attached to their patients, which puts them at risk of developing compassion fatigue. Hospitals are now addressing these issues and are providing relaxation centers, counseling, support groups, and other resources to help their nurses cope and to prevent compassion fatigue and burnout. It is also important that nursing schools begin to offer more incentives and lower the admission requirements so the nursing shortage issue can be resolved. It is not fair to the current nurses to have to work overtime because hospitals are short staffed. Current and future nurses need to be aware that compassion fatigue and burnout are a growing problem and how important it is to prevent and detect them early.

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