

Research Update is published by the Butler Center for Research to share significant scientific findings from the field of addiction treatment research.

Healthcare Professionals and Compassion Fatigue

Introduction

Healthcare professionals (HCPs) worldwide consistently find themselves struggling with Compassion Fatigue or “the cost of caring.”¹ Although a concrete and complete definition for Compassion Fatigue is still emerging, recent research provides helpful information to begin understanding Compassion Fatigue, and its implications for the healthcare system as a whole. It is important to note that Compassion Fatigue is an umbrella term often used to describe not only itself, but also the incidence of Burnout (BO) and Secondary Traumatic Stress (STS). Although these terms were initially used interchangeably, it is now evident that they are separate conditions with distinct onsets and outcomes.

Compassion Fatigue, Burnout and Secondary Traumatic Stress Explained

The symptoms of Compassion Fatigue are complex and appear behaviorally, emotionally and physically, as the product of a sudden and debilitating onset.²

Compassion Fatigue is a state of exhaustion and dysfunction derived from the empathic responses to others’ suffering, which diminishes professionals’ ability to provide compassionate care.^{2,3} Compassion Fatigue develops as a result of:⁴

- Prolonged exposure to clients’ traumatic events
- Empathy for the suffering individual
- A desire to absorb or alleviate the individual’s suffering

Burnout is a state of physical, emotional and mental exhaustion that results from prolonged exposure to job stressors or work situations that are emotionally demanding.⁵ Some contributors specific to Burnout include:^{1, 2, 5, 6}

- Lack of social, collegial and administrative support
- Workload/shift-related issues
- Work environment or occupational factors
- Workplace stress other than exposure to others’ distress

HCPs struggling with Burnout have frequently described the feeling as “running on empty,” which highlights the lack of motivation to continue their job, in the pursuit of personal satisfaction that may have once driven them.² Unlike the sudden onset of Compassion Fatigue, Burnout can appear as subtle changes in personality, perspective, values and behavior.²

THE HAZELDEN BETTY FORD FOUNDATION EXPERIENCE

Hazelden Betty Ford Foundation offers comprehensive addiction treatment programs designed specifically for HCPs, including a first-of-its-kind specialized program for nurses. These programs follow evidence-based best practices for addressing the unique problems faced by HCPs as patients and recovering addicts, and have been highlighted in the scientific literature for their effectiveness.²⁷ The programs also offer help with issues related to professional licensure, employment, and medical reputation.

QUESTIONS

Question: *Is there a difference between Compassion Fatigue and Burnout?*

Response: *Although there are similarities between the symptoms of Compassion Fatigue and Burnout, Compassion Fatigue is a state experienced by those helping others in distress and can develop due to exposure to another’s traumatic events. Burnout is a result of prolonged exposure to job stressors or work situations that are emotionally demanding but not trauma related.*

HOW TO USE THIS INFORMATION

For healthcare providers: *Be kind to yourself and don’t face this alone. It’s important to build a positive support system. It may be helpful to find the right relaxation technique that allows you to unwind. Make sure to schedule down time and pay attention to your physical wellness.*

For healthcare administrators: *Know your staff by watching for changes in work habits, attendance patterns, and interactions with others. Be sure to show support and encourage self-care.*

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Burnout is defined by a gradual decrease in work engagement because of chronic exposure to stressful situations.¹ The effects of Burnout are visible through:²

- Emotional exhaustion
- Depersonalization
- A sense of low personal accomplishment

Table 1. Symptoms Associated with Compassion Fatigue and Burnout

Compassion Fatigue ^{4,7}	Burnout ⁵
Inability to maintain balance of empathy and objectivity	Anxiety
Difficulty focusing and concentrating	Irritability
Negativism and outbursts	Mood swings
Apathy	Insomnia
Diminished sense of purpose	Depression
Hopelessness	Sense of failure

Secondary Traumatic Stress is the trauma that comes from bearing witness to or gaining knowledge of others' trauma, which emphasizes that knowing of others' trauma can be traumatizing to an individual themselves.⁴ While classifications of STS may be reminiscent of PTSD, they differ in that STS specifically addresses the experiences of the supporter who becomes secondarily traumatized by knowing about or by helping to alleviate the suffering of another person.⁴

Symptoms of STS can appear:⁸

- Physically: exhaustion, insomnia or headaches
- Behaviorally: anger, irritability, avoidance and compromised care
- Emotionally: emotional exhaustion, poor self-image, depression and anxiety

Who Is at Risk?

Research has found incidences of Compassion Fatigue in psychologists, oncologists, pediatric clinicians, HIV/AIDS care workers, emergency medical responders, and even in professions outside of the healthcare system such as police officers and social workers.^{9,10,11,12,13, 14} However, recent research suggests that nurses are identified as the most vulnerable population.⁷ Nursing necessitates the physical, psychological, emotional and spiritual involvement of the nurse, and thus puts nurses, who are celebrated for caring for others while often neglecting their own self-care, at particular risk for Compassion Fatigue.^{7,15}

Recent research validates these concerns. A 2019 study of factors associated with Compassion Fatigue in HCPs found that in an examination of several types of nurses, approximately 86% had moderate to high levels of Compassion Fatigue.¹⁵ Among emergency nurses specifically, levels of Burnout were found to be as high as 82%.¹⁵ This study also found that 85% of nurses experience Secondary Traumatic Stress.¹⁵

While Compassion Fatigue can happen to any nurse, at any time, nurses working in oncology, emergency, intensive care units, pediatric units and hospice care are at the greatest risk of developing Compassion Fatigue.¹⁷ Nurses experiencing Compassion Fatigue may dread going to work; have difficulty concentrating; feel nervous, anxious or pessimistic; have low self-esteem or lash out at coworkers.¹⁸

Moreover, healthcare professionals have been significantly impacted by the COVID-19 pandemic. The pandemic has created a very contradictory situation for HCPs: while the general population is encouraged to stay home and avoid social contact, HCPs continue to work in direct contact with the virus and are continually exposed to it.¹⁹ Healthcare professionals have been managing with limited resources while having to balance the physical and mental health needs of patients with their own and those of their families.²⁰ This situation has generated a series of symptoms in HCPs, such as fear, insecurity and anxiety, which present themselves in the form of excitability, irritability, unwillingness to rest and signs of psychological distress.^{21, 22, 23}

Risk for Substance Use and Abuse

A study of nurses who consumed cigarettes, sleeping pills, power drinks, anti-depressants and/or anti-anxiety drugs on a frequent basis reported significantly higher Compassion Fatigue scores than those who did not.¹⁷ This indicates that when combating stressful feelings of Compassion Fatigue at work, nurses may turn to negative styles of coping, namely substance use, which represents an unhealthy, non-resilient behavior.¹⁷

Another study found that general practitioners (GPs) are likely to resort to substance use in order to combat Compassion Fatigue.²⁴ This study found that around 15% of the GPs said they had turned to alcohol, prescription drugs or both to help them “deal with work pressures.”²⁴ This finding highlights the sentiment that Compassion Fatigue is a struggle that should be dealt with personally or alone, or that Compassion Fatigue is a problem that “only I am having,” rather than one that can be alleviated by workplace support.²⁵

In the healthcare system, admitting to struggling with Compassion Fatigue may be synonymous with admitting defeat.²⁵ One study found that accepting or admitting vulnerability was seen by almost all respondents as a sign of weakness, and that admitting to Compassion Fatigue was overwhelmingly associated with shame.^{25, 26} This may partially explain the tendency to resort to substance use to cope with Compassion Fatigue, because it provides the illusion of self-care in privacy, without having to “admit defeat” within an individual’s professional environment.²⁴

Support for HCPs with Compassion Fatigue

A 2019 study, with the objective to develop an evidence-based compassion fatigue program and evaluate its impact on nurse-reported Burnout, Secondary Traumatic Stress, and Compassion Satisfaction, highlighted the role of education and awareness in combating Compassion Fatigue.⁷ This study found that their program, which provided self-care and healthy lifestyle resources, and materials to promote education and awareness of Compassion Fatigue, increased awareness of stress and Burnout, not only among nursing staff but among the entire oncology community.⁷ The researchers identified that offering an array of interventions allows nurses the flexibility to develop individualized self-care plans.⁷

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In another study, researchers tested a Mindful-Based Stress Reduction Training (MBSRT) and a Compassion Cultivation Training (CCT) to assess the effectiveness of intervention programs in the Professional Quality of Life (ProQoL) of HCPs.³ Researchers found both programs to be effective in improving levels of mindfulness, empathy, self-compassion, and professional quality of life.³ This research identified mindfulness as being central to the success of reducing Burnout and urged that mindfulness programs be “a must in the healthcare system.”³

Research also found that interventions allowed health administrators to play an integral role in supporting nurses with grief and bereavement and in role-related stress, work-life balance, and healthy coping styles while promoting the growth of resilience.⁷ Nurses who attended a five-week program involving five 90-minute sessions on Compassion Fatigue resiliency, provided by their hospital, showed a decrease in Compassion Fatigue symptoms.¹⁵ Adaptive, problem-focused coping strategies, introduced and implemented by health administrators, are thought to be much better to employ as opposed to those that are avoidance-based; organizational job support as well as supervisory and professional consultation models are also successful in reducing Compassion Fatigue.¹ Research has also found that the mean score of Burnout and Secondary Traumatic Stress significantly decreased and Compassion Satisfaction increased as a result of an implemented Accelerated Recovery Program (ARP) aimed at reducing Compassion Fatigue.¹⁵

Conclusion

All healthcare professionals are susceptible to Compassion Fatigue with nurses appearing to be particularly at risk due to the overtly caring nature of their job.^{7,15,18} Early research indicates that healthcare professionals may be one of the major groups greatly affected by the COVID-19 pandemic.^{20, 21, 22, 23} It will be years before the true effects of the pandemic will be known on this group. HCPs may turn to substance use to manage the outcomes of their Compassion Fatigue.^{17,24} However, there is evidence that intervention programs implemented by healthcare administrators are effective in reducing Compassion Fatigue.^{1,3,7,15}

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