

Review

Compassion fatigue: The known and unknown

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Abstract

'Compassion,' known as a fundamental feature of the nursing profession, and considered a motivation to act to alleviate the suffering of others. Compassion fatigue is expressed as an adverse effect of helping individuals suffering from traumatic events or otherwise. However, compassion fatigue is defined differently in recent nursing studies, and the developmental process of compassion fatigue has been explained with the help of different models. Since compassion fatigue, a subject of interest for nurse researchers, lacks a clear understanding, it leads to a conceptual complexity in previous studies. In this review, compassion, compassion fatigue, concepts related to compassion fatigue, and the development of compassion fatigue are discussed in the light of previous studies.

Keywords: Burnout; compassion; compassion fatigue; nursing; secondary traumatic stress.

Compassion fatigue is expressed as the natural result of care between two people. However, in the nursing practice, the concept of compassion fatigue is not defined or explained to allow nurses to identify with compassion fatigue and cope with their effects.^[1] The concept of compassion fatigue is used with, or instead of the concepts such as secondary traumatic stress (STS), compassion stress, burnout, and in fact, it is still unclear whether these concepts are synonymous.^[2] Compassion fatigue, nurse involvement and turnover rate are related to patient satisfaction and patient safety, and therefore, they are very important concepts. Nurses, the largest and most important occupational group in the healthcare sector, provide care to meet the complex needs of patients in the increased workload in the health care system and are at risk for the concept of compassion fatigue. Since the concept of compassion fatigue negatively affects the physical and mental health of nurses and job performance and satisfaction, and therefore, patient care quality, it has started to gain attention in the last decade.^[3,4] In this review, concepts related to compassion and compassion fatigue and its development are discussed in the light of previous studies.

What is Compassion?

Compassion is translated into Turkish in several ways. Compassion, response to human vulnerability, intrinsically creates a desire in people to act on behalf of others. The state of taking action, in other words, compassionate behavior, separates compassion from the sense of empathy, sympathy, and pity.^[5,6] Nussbaum^[7] (2001) states that an individual with compassion begins to realize that someone is suffering and that this pain is serious. Compassion is a motivation to ease the sufferings of others and is the ideal or archetype of nursing.^[6] Although it is known as a basic feature of nursing, there are limited studies on the features of compassion, its causes and effects, and its prevalence in nursing practice. In 2008, the government of the United Kingdom announced that the compassion in nursing care would be measured, which started a discussion on the concept of compassion in the literature. In the discussion, the difficult nature of compassion (not its determination), and the difficulties in measuring it were discussed.^[8] Orlovsky^[9] (2007) states that it is impossible to claim that the nature of compassion, which is not exactly known, is an integral component of

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nursing practices. Ledoux^[6] (2015) states that there is a consensus that nurses are compassionate, although it is not right to recognize the concept of compassion or to assume that all nurses are compassionate because a few studies have examined it in the context of nursing.

Compassion Fatigue

Compassion is expressed as a motivation to act to alleviate the suffering of others, whereas compassion fatigue is expressed as a negative effect of helping individuals feeling pain or suffering from traumatic events.^[10] Sorenson et al.^[2] (2016) described compassion fatigue as a condition of the gradual decrease in compassion over time.

In addition to these definitions of compassion fatigue, studies show that the reasons for physical fatigue are known, but that the same clarity is not mentioned for compassion fatigue. The Canadian Nurses Association (2010) also supported this view and concluded that there is no operational description of compassion fatigue.^[11] Moreover, the absence of instruments of measurement specific to compassion fatigue leads to the incomprehensibility of the concept. Different concepts are used interchangeably in studies because of the lack of appropriate measurement tools that can identify individuals suffering from burnout or other traumatic stress syndromes, leading to incomprehensibility in available studies.^[12]

Occupational groups at risk for compassion fatigue are professions that help people such as health professionals, social workers, teachers, lawyers, judges, police, fire brigade and emergency aid teams.^[13]

Joinson^[14] (1992) first mentioned the concept of compassion fatigue in nurses, who are indispensable members of the health team, in their study on burnout in nurses working in emergency services. Joinson (1992) did not formalize the concept of compassion fatigue. As empathic caregiving individuals, nurses have stated that they can internalize the traumatic stresses of the individuals they help and thus have expressed the concept of compassion fatigue as "a unique form of burnout affecting caregivers." According to Joinson's description, compassion fatigue is a type of exhaustion that is not associated with dissatisfaction with the work, or with the disappointment experienced with the system.^[9] According to Circenis and Millere^[15] (2011) and Joinson^[14] (1992), compassion fatigue is described as a cost-effective treatment for both the clinical definition of Sekonder Traumatic Stress (STS) and compassion fatigue as a more accurate definition of experience. Later, Figley^[16] (1995) formulated the concept of compassion fatigue in detail and formally explained the concept as, "A state of tension and anxiety related to individual or cumulative trauma narratives, including the effects of cumulative stress / burnout, which manifests itself in one or more ways such as reexperiencing traumatic events, avoiding reminders of traumatic events, or sustained arousal." He

described the concept as a stress reaction involving feelings of helplessness, confusion, and isolation, occurring suddenly and without symptoms. Figley noted that the process of compassion fatigue is synonymous with STS, although the exposure of an individual to traumatized or suffering individuals is not as traumatic as posttraumatic stress disorder (PTSD) in compassion fatigue. Stamm^[17] (2005) defined compassion fatigue the same as STS and stated that the concept is related to indirect traumatization. Moreover, Stamm reported that compassion fatigue is the result of the secondary exposure to the stressful events of one's work. In 2010, Stamm^[18] introduced the term 'Professional Life Quality,' which is a new term related to compassion fatigue. Stamm^[18] (2010) stated that the qualities of occupational life have two aspects, positive (compassionate satisfaction) and negative (compassion fatigue), and compassion fatigue is divided into two groups. The first section associated with burnout consists of symptoms such as fatigue, frustration, anger, and depression. STS, which constitutes the second part, is a negative condition that results in work-related trauma and fear. Stamm has reported that two concepts were named the same in 2005, but Joinson^[14] (1992) and Figley^[16] (1995) reported that the concepts of compassion fatigue and STS could be substituted for each other. However, but Stamm^[18] has reported that in conceptualization, in 2010, compassion fatigue coincided with STS and burnout effects. Khan et al.^[19] (2015) stated that compassion fatigue is also called vicarious traumatization and STS.

It is unclear whether these concepts are still synonymous. However, Najjar et al.^[12] (2009) found that Figley's^[16] (1995) definition of "secondary traumatic stress response resulting from the desire to help or to help suffering individuals from traumatic events" is the most reliable and common description of all compassion fatigue.

Concepts Related to Compassion Fatigue

Burnout

Burnout is a critical problem of the 21st century. Tuncay and Oral^[20] (2012) stated that Maslach and Jackson^[21] described "burnout," a syndrome specific to the working environment in 1981, as "emotional exhaustion, desensitization and low personal achievement" in individuals who have intimate relationships with people. Figley^[22] (2002) described burnout as a "physical, emotional, and mental exhaustion state caused by prolonged exposure to emotionally challenging situations." Burnout is associated with problems in the working environment.^[23] According to Najjar et al.^[12] (2009), routine work challenges such as dealing with time pressure, managing complex patient burdens or coordinating care with other departments and team members require professionals to empathize less with their patients and exhibit adverse behavior toward their colleagues.

Compassion fatigue and burnout have two similarities and

are closely related concepts, which result in mental, physical and psychological exhaustion. However, compassion fatigue is separated from burnout by its sudden onset^[2] and its unique symptomatology as a direct result of exposure to the trauma of another individual. Compassion fatigue is like PTSD as most of its symptoms are associated with traumatic memories, hyper-stimulation, avoidance and burnout from the same or similar situations. Burnout results from weakness and low job satisfaction and leads to quitting the job.^[2,24] Compassion fatigue occurs when the person receiving the care is not protected or saved from pain or suffering, resulting in guilt or distress; burnout occurs when the goals cannot be achieved and result in disappointment and loss of control.^[25]

Secondary Traumatic Stress (STS) and Secondary Traumatic Stress Disorder (STSD)

STS contains a set of psychological indications acquired through exposure to individuals suffering from the effects of trauma.^[12] It is defined as the stress resulting from seeking help or helping traumatized individuals.^[10] Figley^[16] (1995) described STS development as a 'natural side product of therapeutic interaction.'

STSD is defined as a state of biological, psychological, and social burnout and dysfunction that is triggered by the recall of patient-related traumatic memories, such as depression, generalized anxiety, traumatic events, or avoiding reminders and constant arousal. STSD is the result of long-term exposure of the secondary stress due to the inability of health professionals to save the patients from the pain of the suffering and the inability to diminish the effects of compassion stress with the expression of secondary stress.^[1]

STSD and compassion fatigue are similar because the relationship established with the patient is a risk factor; however, STSD is caused by long-term exposure to traumatic events and stories of others. Conversely, compassion fatigue is due to long-term, intensive, and continuous care of patients, self-use and exposure to stress. STSD and compassion fatigue are known to be progressive and cumulative processes that cause more severe symptoms when not relieved. Thus, both STSD and compassion fatigue cause changes in the functioning of nurses. In STSD, the focal point of these changes is the experience of trauma symptoms of nurses as well as burnout, or STSD symptoms. However, in compassion fatigue, these changes affect every aspect of the nurses' life. Moreover, the most obvious effect is that the nurses, who have spent time at the expense of the compassionate energy are unable to provide care with compassion.^[1]

Vicarious Traumatization

The concept of 'vicarious traumatization' in the sense of "experienced trauma of others" was originally developed by McCann and Pearlman^[26] (1990). Vicarious traumatization is the result of helping professionals empathize with patients'

trauma experiences. This is a cumulative process that causes harmful/adverse changes in the professional's own, others, and their worldviews because of exposure to trauma of patients' overtime.^[12] The basic suggestion of vicarious traumatization is: Exposure to traumatic experiences of victims can harm the mental health of those close to the victim, and this can occur when they are listening to their life stories or observing their experiences. Naturally, the victims are also at risk for helping the healing process, and the risk of getting professional traumatization increases with an increase in the number of traumatized victims. Thus, the number of individuals with different traits and problems has a cumulative effect on the trauma's emergence in the professionals.^[20,26]

Compassion fatigue, burnout, indirect traumatization, and STS have many similarities. For example, compassion fatigue, STS, and vicarious traumatization can occur because caregivers internalize the traumatic stories of patients, and thus can be adversely affected by disease care. They also have common risk factors such as empathy skills and result in psychosocial distress.

Post Traumatic Stress Disorder (PTSD)

PTSD occurs in individuals who experience events such as armed injuries, traumatic amputations, or rape.^[10] Figley^[22] (2002) described compassion fatigue as the same as PTSD in terms of its specification, but different from PTSD in terms of the extent to which others are emotionally affected by trauma. Symptoms such as traumatic memories typical of PTSD, hyper-stimulation, avoidance of the same or similar conditions, anxiety, sadness and sleep disorders are also seen in individuals who have suffered from compassion fatigue.^[2,27] Compassion fatigue is more insidious and often unrecognized; however, it is a condition that can change a person's life.^[28,29]

Moral Distress

Jameton^[30] (1984) defined moral distress as "knowing the right thing to do, but institutional constraints make it impossible to do the right thing." Moral distress involves the perception that basic personal values and ethical obligations are violated.^[31] Austin et al.^[32] (2009) have stated that nurses did not fulfill their moral responsibilities in the qualitative study of compassion fatigue and that they experienced compassion fatigue, and therefore, failed to provide the necessary care. Compassion fatigue may worsen with moral distress, but moral distress is a separate experience.^[33]

Compassion Satisfaction

Long-term compassion does not always lead to negative emotions. This positive feeling, known as compassion satisfaction, emerges when caregivers feel they have succeeded in the maintenance process and feel that they can help other individuals.^[25] Compassion is expressed as the psychological

reward of care for others, which compensates for the compassion fatigue.^[27] Compassion satisfaction can reduce harmful effects of compassion fatigue and burnout.^[12] According to Stamm^[18] (2002), people can experience compassion fatigue because of their work, which may have benefits. Compassion satisfaction comes from situations where professionals work with traumatized or suffering individuals and feel they are successful in their work.

It is expressed that compassion is the power and inspiration that nurses share and relate to the pain of the patient, particularly by relieving and alleviating the pain of the patient by using themselves, their skills, and available resources. This gives the nurses, as a reward for a care given with a feeling of compassion and full competence, to see that the patients suffer less and are better; which makes the nurses feel energetic and full of emotion. In this case, the nurses are enthusiastic about being in the workplace with high morale and are willing to meet the patients' needs regardless of the conditions.^[1]

Compassion satisfaction is the opposite of the concept of compassion fatigue. In compassion satisfaction, the nurses relate to their patients irrespective of their conditions, which leads to meaningful and purposeful interactions between the nurses and the patients. In compassion fatigue, the nurses are increasingly isolated, and detach themselves from their patients due to various conditions. This results in nurse and patient requirements not being met. It is expressed that the process of compassion fatigue is a gradual and cumulative process that progresses from compassion discomfort to compassion stress, and finally to compassion fatigue. The process of compassion satisfaction is between the patient and the nurse, each of which is complementary, symbiotic, healing, and cyclical.^[1]

Development of Compassion Fatigue

Compassion fatigue has emerged as a natural consequence of working with individuals who have suffered from trauma or extremely stressful events, depending on the level of empathy of those who help.^[22] Another view is that it emerges because of long periods of high energy and compassion for suffering individuals without seeing improvement in their patients.^[15] Compassion fatigue can develop in any care relationship where empathy occurs when providing care for another and is common in nurses working in forensic, oncology, children, intensive care clinics, emergency services and hospice.^[3,12,34,35]

Compassion fatigue is based on the view that individuals who suffer PTSD due to a traumatic event may also affect individuals who have knowledge of the story. Thus, it is also known as a traumatic stress reaction from a secondary source. Figley^[22] (2002) stated that patient self-care and empathy are two factors leading to compassion fatigue, and compassion refers to fatigue as the cost of care.

Figley^[22] (2002) suggested that the emergence of compassion fatigue occurs with the interaction of variables such as empathy building ability, empathic anxiety, exposure to the patient's trauma, empathic behavior, compassion stress, sense of achievement, long-term patient care, traumatic memories, and explained the model of compassion fatigue in accordingly. According to this model, compassion fatigue causes a widespread decrease in a caregiver's desire to empathize and care, skill and energy.^[23] Conversely, Stamm^[18] (2002) explains the formation of compassion fatigue through two different concepts: STS and burnout. Unlike Figley's model, McHolm^[36] (2006) suggested that the formation of compassion fatigue did not occur in a single process but in two different processes, similar to Stamm's description. First, compassion fatigue occurs when health professionals know the patients closely and when they individually internalize the trauma or pain of the patients. This is due to a high level of energy and compassion for individuals who have been suffering for a long time without seeing improvement in the patients. Moreover, situations such as high workload and shift work contribute to the formation of compassion fatigue. Second, compassion fatigue occurs when nurses re-experience the traumatic events described by patients in way similar to flashbacks. This is similar to PTSD and is called secondary stress disorder, secondary posttraumatic stress disorder, or secondary victimization. The common consequences of both occurrences are depression and continuous autonomic stimulation.^[36] Coetzee and Klopper^[1] (2010) described the developmental process of compassion fatigue in the their concept analysis studies on compassion fatigue, as "long-term, continuous and intensive interaction with patients, use of their knowledge and skills (use of self) is the final result of a progressive and cumulative process that develops from the compassion discomfort when it is not attenuated". The process they describe also includes concepts such as long-time exposure in Figley's model, suffering disease exposure and compassion stress, and the two processes of formation seem to have similarities in this respect.

In the light of all these discussions in the literature, the model of the compassion fatigue formation process is summarized as shown in Figure 1 by combining the models of Figley^[22] (2002), Stamm^[18] (2002), Coetzee and Klopper^[1] (2010) and Circenis and Millere^[15] (2011) The formation process begins with the nurses providing care to the suffering patient, the willingness to help the patient, the ability to establish empathy and the compassion. However, prolonged and intensive care leads to STS (trauma symptoms) and burnout (physical, emotional and mental burnout). Therefore, it results in a reduction in the nurses' ability to care and provide energy, empathy skills, and compassion.

Conclusion

Although the definition of compassion fatigue in the literature by Figley^[16] (1995) as "the secondary traumatic stress response

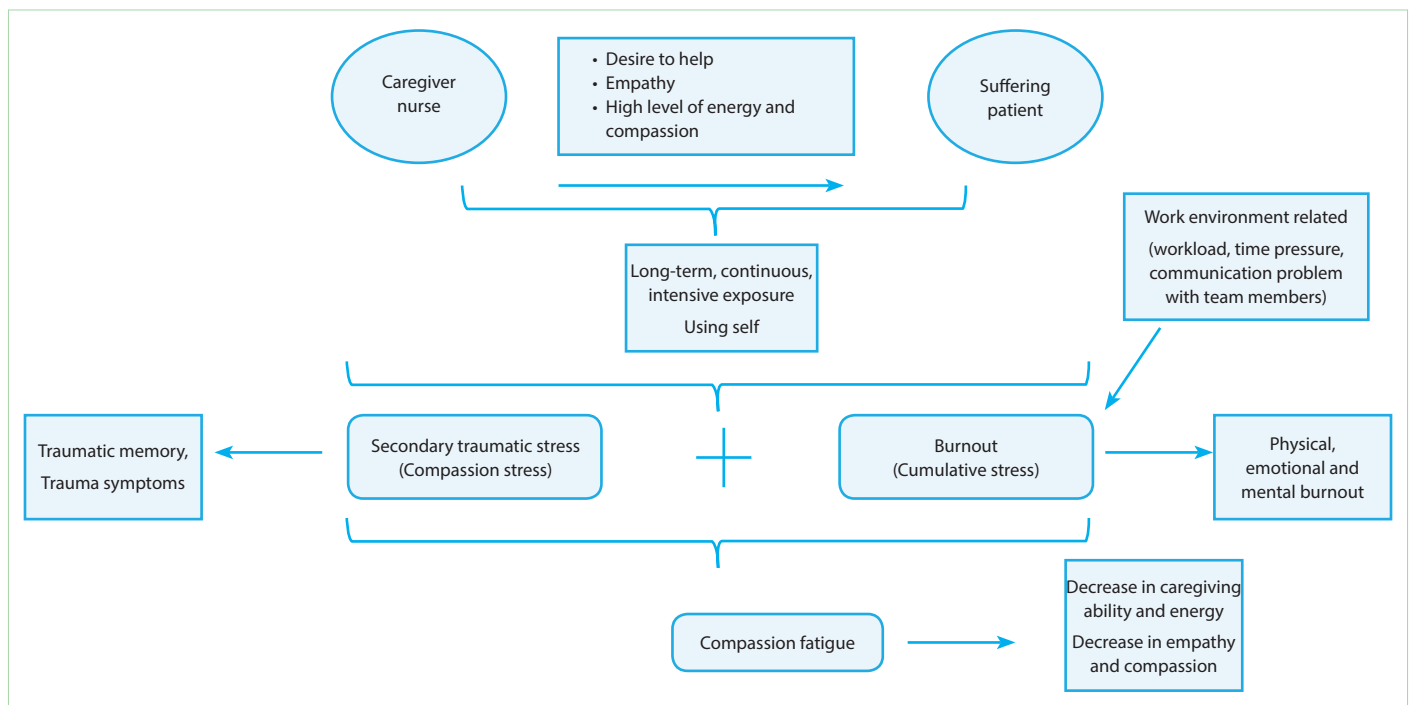


Figure 1. Compassion fatigue formation process (Adapted from the models of Figley [2002], Stamm [2002], Coetzee and Klopper [2010] and Circenis and Millere [2011]^[1,18,15,22]).

resulting from the desire to help or help individuals suffering from traumatic events” is the most reliable and most used definition of the concept of compassion fatigue, different authors have described it in different forms and the definition is still not clear. Some authors have stated that concepts such as STS and vicarious traumatization can be used synonymously with compassion fatigue, but these concepts are related to compassion fatigue and are different concepts. It is also mentioned that concepts such as burnout, PTSD, compassion satisfaction and moral distress are related to compassion fatigue but have different concepts.

Different researchers have probably identified models for the development process of compassion fatigue with similarities and differences. Based on the available information from previous studies, we have tried to establish a model for the development process of compassion fatigue (Fig. 1). However, new studies are required on this subject to further our understanding and devise appropriate prevention and coping strategies.

Finally, the use of concepts (compassion fatigue, STS, burnout, vicarious traumatization), which have not yet been considered similar or different in the same meaning in previous studies lead to a conceptual incomprehensibility. Moreover, the use of synonyms in scientific research confuses the original concept to be measured. To prevent this, increasing scientific studies about compassion fatigue (cause of compassion fatigue and affecting factors) are essential. In scientific studies, the use of comprehension fatigue-specific measurement tools for accurate measurement of the concept of compassion fatigue, and therefore, the development of measurement tools are among the priority issues.

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