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Theory Connection

Compassion fatigue among registered nurses: Connecting theory and research

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ABSTRACT

Unresolved compassion fatigue often causes physical and emotional exhaustion, and can significantly impair job performance. It is also known to cause increased absenteeism and even turnover among health care providers such as registered nurses. Often those experiencing compassion fatigue attempt to self-medicate in order to numb the intense emotions, and distance themselves from patients, colleagues, friends, and even family. This article describes the challenges of applying one widely used conceptual model to research among nurses who are at risk for experiencing this important and debilitating phenomenon. Through two qualitative studies that explored compassion fatigue among registered nurses, symptoms were identified that fit within the conceptual model. Several additional elements were not adequately captured by the conceptual model, and the term was perceived as being stigmatizing.

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Nurses who feel satisfied with their work feel fully engaged, energized, and gain a great deal of satisfaction from providing excellent care. Compassion fatigue (CF) is defined as the loss of work-related satisfaction, or when the job brings more distress than satisfaction (Stamm, 2010). CF leads to low morale, physical and emotional exhaustion, impaired job performance, absenteeism, and turnover among nurses and other health care providers. Some nurses who have left the profession prematurely described their departure as the only viable means to escape untenable situations (MacKusick & Minick, 2010). This article describes the challenges of applying a compassion fatigue conceptual model to conduct research on this important nursing experience. I also describe key concepts related to compassion fatigue and give an overview of research on compassion fatigue. I conclude by describing my thoughts toward future research.

As a nursing educator, I became increasingly concerned about nurses leaving the profession so soon after obtaining a terminal degree. To compound this concern, in my practice (as a psychiatric mental health nurse practitioner) I began to see a number of patients who self-identified as a "former nurse"; invariably the former nurse described experiences and unresolved feelings from his or her years in the hospital setting. I had a strong understanding of burnout and even secondary traumatic stress, and as I listened to the stories of former nurses my desire to understand their experiences and meaning grew. This led to my program of research to better understand and ultimately address compassion fatigue among registered nurses.

1. Professional quality of life (ProQOL): A conceptual model of compassion fatigue

Results from an extensive literature review revealed widespread use of a conceptual model of compassion fatigue called the *Professional Quality of Life (ProQOL)*, and an instrument with the same name that measures risk of CF; both were developed by Stamm and Figley (2009) and modified by Stamm (2010). In their conceptual model, secondary traumatic stress and burnout together contribute to increased risk for CF, with CF manifested by negative physical and mental well-being. *Burnout* is a negative emotional reaction to external stressors that originate within one's work environment. Feeling unfairly treated or overlooked can precipitate burnout (Maslach & Leiter, 2008), and incivility by one's supervisor is the strongest predictor of burnout (Leiter & Maslach, 2009). *Secondary traumatic stress* is an emotional response to trauma or distress. It is defined as the negative emotions and behaviors resulting from exposure to another person's traumatic experience (Stamm, 2010). The distress resulted not from the nurses' work environment but from their sense of caring and emotional investment with patients. In contrast to compassion fatigue, *compassion satisfaction* is conceptualized as the sense of pleasure associated with doing a job well, and it may modify the sense of burnout or secondary traumatic stress. These phenomena have been reported among a number of caring professions.

2. ProQOL conceptual model and existing research

The ProQOL (Stamm, 2010) instrument does not contain a specific measurement for compassion fatigue but addresses CF risk by assessing the three conceptual components that make up compassion fatigue: burnout, secondary traumatic stress, and loss of compassion satisfaction. Several studies have been reported in nursing, and other

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disciplines in which the ProQOL instrument or selected concepts from the model (compassion fatigue, burnout, secondary traumatic stress, or compassion satisfaction) had been applied. Key findings from these studies are as follow: Burnout may significantly compromise patient safety outcomes on the units and is strongly associated with decreased staff morale (Leiter & Maslach, 2009). Self-doubt can lead to CF, especially if the nurse feels unable to live up to self-expectations for alleviating suffering (Austin, Goble, Leier, & Byrne, 2009). Nurses experiencing CF disengage from patients in an attempt to shield themselves from the suffering of patients and patient families (Buurman, Mank, Beijer, & Olff, 2011). As CF develops, relationships within the work environment and with friends and family are often affected (Von Rueden et al., 2010). In addition, substance abuse is highly correlated with CF (Alkema, Linton, & Davies, 2008). Mental stress associated with compassion fatigue is a leading determinant of intent to leave the profession (Andrews & Wan, 2009).

Despite these numerous studies, I was unable to locate any studies that described the phenomenon of compassion fatigue in the words of registered nurses. Further, the literature showed considerable controversy regarding the ProQOL conceptual model. Several authors described the ProQOL as not necessarily representing the experience of CF as it occurs among nurses (Meadors, Lamson, Swanson, White, & Sira, 2009; Sabo, 2006). For example, although the Stamm (2010) conceptual model purported that CF arises from unresolved symptoms of burnout and secondary traumatic stress, the experience of secondary traumatic stress by itself could be so disturbing that the nurse develops compassion fatigue without any accompanying symptoms of burnout. Furthermore, the terms CF, burnout, and secondary traumatic stress were (and still are) frequently used interchangeably. While several studies have demonstrated a correlation between CF and burnout (Alkema et al., 2008; Hooper, Craig, Janvrin, Wetsel, & Reimels, 2010), inconsistent use of terminologies generate ambiguity and lack of clarity.

3. A program of research: Initial conceptual work

Although my eventual goal for research was to better understand compassion fatigue as it applies to nurses and nursing attrition, I first had to clarify the construct of compassion fatigue among nurses. So, an important initial step was to launch research focused on describing CF in the words and experiences of registered nurses.

4. Compassion fatigue among registered nurses

In order to define and clarify the concept of compassion fatigue among registered nurses, I conducted a concept development study. I followed the hybrid model described by Schwartz-Barcott and Kim (2000), in which three phases are used to develop or refine a concept: theoretical, field, and analytical. The *theoretical phase* focused on a literature review and development of a working definition of compassion fatigue. The *field phase* consisted of qualitative, phenomenological interviews with registered nurses (N = 16) working in a level-1 trauma facility. The *analytical phase* involved application of data from the theoretical phase to develop a theoretical perspective, and thematic analysis.

4.1. Theoretical phase

The literature review generated many references to the ProQOL (Stamm, 2010) conceptual model and instrument, and the descriptions seemed consistent within nursing and other health care professions. I did not find sufficient empirical evidence to justify altering the working definition of compassion fatigue as outlined in the ProQOL (Stamm, 2010). I then began phase 2 of the study, interviewing nurses to validate this view of compassion fatigue.

4.2. Field phase

Each qualitative interview began with an open-ended question such as, "What can you tell me about compassion fatigue?" Further questions evolved as guided by participants' responses, and included clarifying, prompting, or asking about feelings associated with experiences described. The nurses' responses provided descriptions that reflected relationships proposed in the ProQOL model; they reported experiences with burnout and secondary traumatic stress that reduced their compassion satisfaction. However, while all participants volunteered experiences with burnout, none thought that burnout was a contributing factor to their CF (negative physical or mental well-being). In fact, burnout was described as something "I just accept as normal". The nurse respondents also provided numerous examples of secondary traumatic stress, and their themes such as hypervigilance and fearing for one's own health were consistent with the concept of secondary traumatic stress. However, a number of shared experiences and emotions emerged that did not fit Stamm's (2010) ProQOL conceptual model.

4.3. Analytical phase

Thematic analysis led to four additional concerns. Theme #1—*Life is unfair*. Commonalities included believing that bad things happened more frequently to good people or innocent people, yet those who abuse their bodies seem to survive. Theme #2—*Endless suffering*. Commonalities included witnessing the endless suffering, grief, or despair of patients and families, feeling powerless to help, witnessing others lose hope, and losing hope oneself. Theme #3—*Unable to let go*. All participants recalled their first code and first patient death, and the memories still caused pain or sadness or anger. Also, all participants described skipping breaks, skipping lunch, staying late, and even calling the unit on a day off to "check on my patient". Many participants described this as exhausting, and equated it with working 24 hours, 7 days per week. Theme #4—*Wanting support but pushing away*. All participants described wanting to talk to a partner, friend, or family member after work. In every case, the attempt to talk actually caused the nurse more distress because the partner or friend "asked too many questions", "felt uncomfortable", or "tried to fix it instead of just listen". Inevitably, the nurse began to push away from the potential source of support.

Many participants admitted that they were "probably" experiencing compassion fatigue. However, the majority of participants voiced that the term "compassion" fatigue is negative and stigmatizing. Statements included, "I may fit that picture but I still have compassion", "It's evisceral [*sic*]– it's an intense and devastating feeling, but I won't call it a loss of compassion", and "I'm a compassionate person who just doesn't feel any more." Compassion was viewed as an inherent and expected part of nursing, and the idea that a nurse could lose compassion was seen as shameful and not something to admit to oneself or others.

4.4. Study conclusions

From my analysis of the common experiences and meanings of compassion fatigue among registered nurses, I concluded that burnout likely was not a significant factor in the development of compassion fatigue, and that the existing conceptual model did not adequately represent compassion fatigue among nurses. Additional concepts included the belief in the unfairness of life, feeling saturated by emotions, being unable to disconnect when away from work, and wanting support but pushing away. Although some participants self-identified as "no longer caring", when questioned, every participant described himself or herself as an extremely caring person who feels compassion. Finally, it was abundantly clear that the term "compassion fatigue" was seen as stigmatizing, and by accepting the label the nurse feared that he or she may even be compromising his or her employment. It was evident that the nurses felt compassion but also felt saturated with the emotional experiences associated with nursing. Many described their efforts to remove

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