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Compassion Fatigue: An Unwanted Reflection of Your Reality

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Soap operas have been on television for more than half a century. Reality shows have been on television for the past couple of decades, and news broadcasts have permeated our homes for as long as many of us can remember. Viewers are drawn to the experiences of others' lives. Whatever the reason, vicarious feelings or life-affirming experiences, we all can be affected by what we see and hear via the media.

But for nurses, and especially for trauma nurses, the impact can be profound—for not only are we subjected to the media coverage of horrific events but we also experience them firsthand on a daily basis as a part of our practice. It is no wonder that trauma nurses' reality reflects an intense perspective of the awful and sometimes gruesome impact that traumatic experiences can have on

others. Trauma nurses provide care for those who are victims of these terrible tragedies and, as a result, become exposed to an insidious condition known as compassion fatigue.

The term “compassion fatigue” evolved from such names as secondary posttraumatic stress, secondary victimization, and vicarious trauma. Compassion fatigue was first described by a nurse as a concept from her work with emergency department personnel.¹ It has been defined as a combination of physical, emotional, and spiritual depletion associated with caring for patients in significant emotional pain and physical distress.^{2,3} Compassion fatigue affects nurses in terms of not only job satisfaction and emotional and physical health but also the workplace environment by decreasing productivity and increasing turnover.⁴ It can also have a negative impact on nurses' personal relationships.

The potential to develop compassion fatigue could be called an occupational hazard of providing empathic, relationship-based care to patients and families. The impact of compassion fatigue on nurses can be acute and intense. It may cause stress-related symptoms and job dissatisfaction among caregivers and decreased productivity and job turnover within the health care system.⁵ In today's economy, compassion fatigue can be very costly, both personally and professionally for nurses and financially for institutions.

Figley³ explained that compassion fatigue is experienced by those individuals who help others in distress. These helpers may be subsequently traumatized through their efforts to empathize and show compassion. This often leads to inadequate self-care behaviors and increased self-sacrifice in the helper role. Compassion fatigue has also been described as secondary traumatic stress³ resulting from caring for patients in physical and/or emotional pain or stress.

I wonder if it is just assumed that nurses or other health care providers are prepared to deal with just about anything. The reality, however, is that health care providers have the same emotions as other human beings faced with horrific tragedy. The difference is that health care providers are trained to put their feelings aside temporarily while providing urgent care to critically ill patients. In an article in the Boston Globe after the bombing at the marathon, there was a story that highlighted the emergency department staff members who, after providing life-saving care to the blast victims, let down their guards and wept openly. I am sure that they were not alone in their feelings.

Sometimes a patient's emotions are strong and a nurse may “catch a ride” and experience the patient's emotions to a high degree. This type of emotional ride, when consistently experienced, may result in compassion fatigue. Nurses who provide trauma care are in a prime position to become victims of compassion fatigue. Just like it sounds, when nurses are unable to relieve stresses that build, they add up and take a toll, which can reach a critical point if not addressed. Compassion fatigue is something that all nurses and health care providers should be aware of.

So how can nurses deal with this condition? Why do some nurses deal with it better than other? One researcher, Suzanne Kobasa,⁶ identified the concept of “stress hardiness” or resistance to stress. She identified characteristics of those who have stress hardiness. Stress hardy people do not spend time ruminating over why things have to change; they are not frightened by it, and they accept it as being a natural part of life, not a threat but rather an opportunity to learn and grow.

Having a stress hardy personality doesn't mean that one never suffers stress; it means that he or she has developed the ability to deal with it without it causing a problem. It is about learning to control how to react to the challenges that we face in a more flexible, confident, and less-destructive way. Nurses can look at these traits as following the ABCs of hardiness: awareness, balance, and connectivity.

Awareness is being attuned to ones needs, limits, emotions, and resources. Know your renewal zones; know what you need to do to refresh yourself, your soul, or your spirit. Practice mindfulness, which is just being aware of what you are doing at all times, and reflect on the impact that it has on you. Accept and acknowledge that we are changed by what we do.

Balance is maintaining balance among our life activities—work, play, rest. Have a personal life! Pursue joyful activities for yourself, for others, and to the bigger picture.

Connectivity is being connected to life and to those individuals and activities in life that ground us. Connection increases validation and hope. Connection can mean having a purpose to life and involvement in family, work, community, social, friends, religious faith, ourselves, etc, giving a meaning to our lives. When connected to something, we tend to be motivated to put in more effort. This can help us to find a goodness and meaning to our lives. Here are a few more tips to consider:

- Schedule vacations routinely.
- Try alternative therapies.
- Go out to eat, to dine ... don't rush through your eating—take time and actually taste the food!
- Pursue your interests and enjoyment.
- Encourage recreation and relaxation.
- Schedule yourself some private time on a daily basis.
- Keep in contact with family and friends—don't isolate yourself.

It is important for nurses to become knowledgeable about compassion fatigue symptoms and intervention strategies and to develop a personal plan of care so as to achieve a healthy work-life balance. It is just as important for health care systems to create healthy work environments that prevent compassion fatigue and address the needs of nurses who are experiencing compassion fatigue. Recognizing compassion fatigue symptoms and developing a personal plan of care will allow nurses to meet both their needs and the needs of patients and families.

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