COMPASSION FATIGUE IN NURSE EDUCATORS
A Concept Analysis
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PURPOSE AND AIMS
The nurse educator profession is experiencing a major shortage with heavy workloads and burnout being cited as contributing factors keeping faculty attrition high. Nursing faculty also experience stress and burnout due to feelings of frustrations associated with perceived inability to satisfy the demands of the multiple constituencies. Examining the complexities of compassion fatigue which is not well understood in this population, may provide information to help alleviate attrition and the nurse educator shortage.

CONCEPT DEFINITION
Compassion fatigue is often used synonymously with burnout and secondary stress or secondary traumatic stress. For the purpose of this analysis, Compassion fatigue in nurse educators is defined as:

A state of exhaustion and dysfunction affecting people in giving professions and is a direct result of empathy or over exposure.

Note: Compassion fatigue is NOT burnout, but can coexist with burnout.

Antecedents
Consequences
Defining Attributes
High Stress Exposure (Students or Colleagues)
High Use of Self
Over Identification
Pathologic Bonding

Poor judgment
Physical Complaints
Lost Work Time
Emotional Breakdown

Difficulty
Sleeping
Detachment
Diminished Performance
Loss of Empathy

MODEL CASE

• Professor T. has been teaching undergraduate nursing at a private university for ten years. She loves teaching and also the student advising load that allows her to connect personally with her students. Professor T. takes pride in being available to her students and advises beyond expected office hours as she knows the students may need additional support as they adjust to the increased academic demands and stressors of nursing school and adjusting to college life.

• Many of Professor T.'s students and advisees are roommates or live in the same dorm community. Last week one of Professor T.'s advisees committed suicide. The incident happened during the day and Professor T. was available, so met with many students who witnessed or heard the incident. The students shared graphic details with Professor T. as they attempted to begin to process what happened.

• Since the suicide, Professor T. has had trouble sleeping, having nightmares and replaying the suicide and conversations with that particular student over and over in her head. She has missed work and when does come to work, keeps her door closed with the lights out, in an attempt to keep from seeing students or coworkers. When she passes colleagues or students in the hall or other areas of campus, she is dismissive and cold. Professor T. has shown videos or cancelled class since the incident and has not graded any assignments or completed required committee work. She does not care if things are done let alone done well.

CONCLUSION
Nurse educators develop unique relationships with their students and may develop relationships that become immersed in the student, creating a potential for over exposure to stressful events. The multifaceted role of the educators places the faculty member in the advising role and in clinical and classroom situations where they may see or hear traumatic experiences. Enmeshed relationships cause unnecessary stress and anxiety for both parties.

REFERENCES