

Experiences of Compassion Fatigue in Direct Care Nurses: A Qualitative Systematic Review

SUSAN SALMOND, EdD, RN, AFEN, FAAN
CO-DIRECTOR NORTHEAST INSTITUTE EVIDENCE
SYNTHESIS & TRANSLATION
PROFESSOR & EXECUTIVE VICE DEAN, RUTGERS UNIVERSITY

Salmond, E., Salmond, S., Ames, M., Kamienski, M., & Holly, C. (2019).
Experiences of compassion fatigue in direct care nurses: a qualitative
systematic review. *JBIR Database of Systematic Reviews and Implementation
Reports*, 17(5), 682-753.

Objectives

Use findings from compassion fatigue systematic review to

- Understand contributing factors to compassion fatigue
- Assess one's personal feelings/approaches to manage compassion fatigue
- Examine organizational approaches to prevent or manage compassion fatigue

Compassion Fatigue (CF):

Coetzee (2010) defines CF as...*the final result of a progressive and cumulative process that evolves from compassion stress after a period of unrelieved compassion discomfort, which is caused by prolonged, continuous, and intense contact with patients, the use of self, and the exposure to stress*

Qualitative Systematic Review

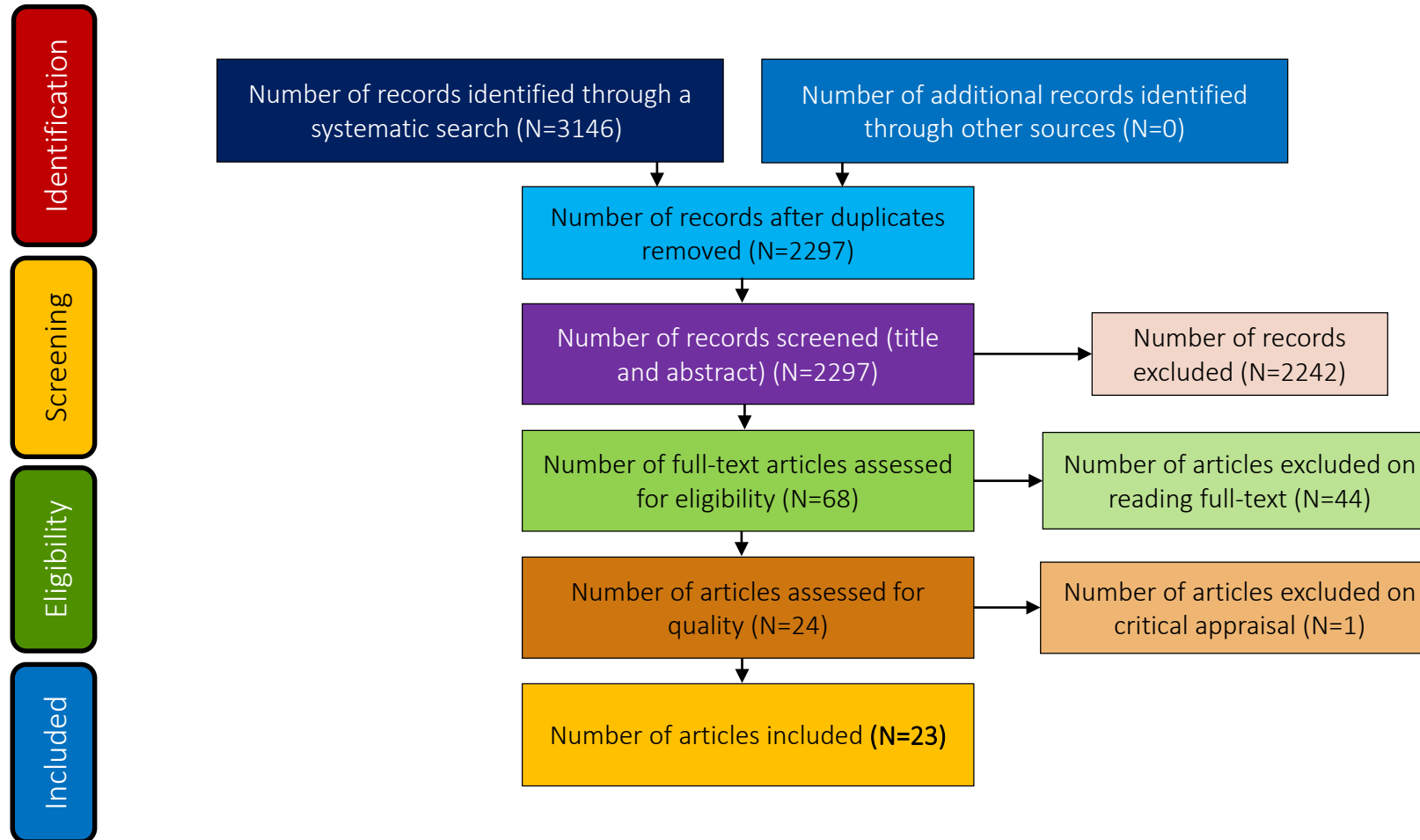
Goal: to more fully illuminate the concept of compassion fatigue

Purpose: To examine the available evidence on direct care nurses experience of CF within any specialty

- Factors contributing to or mediating CF
- Ability to recognize CF & Care for themselves
- Experiences of coping with CF

Followed JBIs approach to qualitative systematic review using meta-aggregation to synthesize findings

Search results



Characteristics of Included Studies

- Methodology: Phenomenology(9), Qualitative descriptive(11) Mixed methods(3)
- Methods: Semi-structured in-person or telephone interviews, focus groups & open-ended interview questions answered by pen and paper
- Sample sizes 3 to 27 for studies using verbal interviews or focus groups
- Sample sizes ranged from 25 to 322 for studies using written narrative approach
- Total Aggregate 865 participants

Characteristics of Included Studies

Countries: US (11), Australia (1), South Africa (2), Canada (5), Israel (1), Jordan (1), Netherlands (1)

Specialties:

Emergency room

Maternal-child

Hospice

Community health

Psychiatry

Intensive care

Oncology

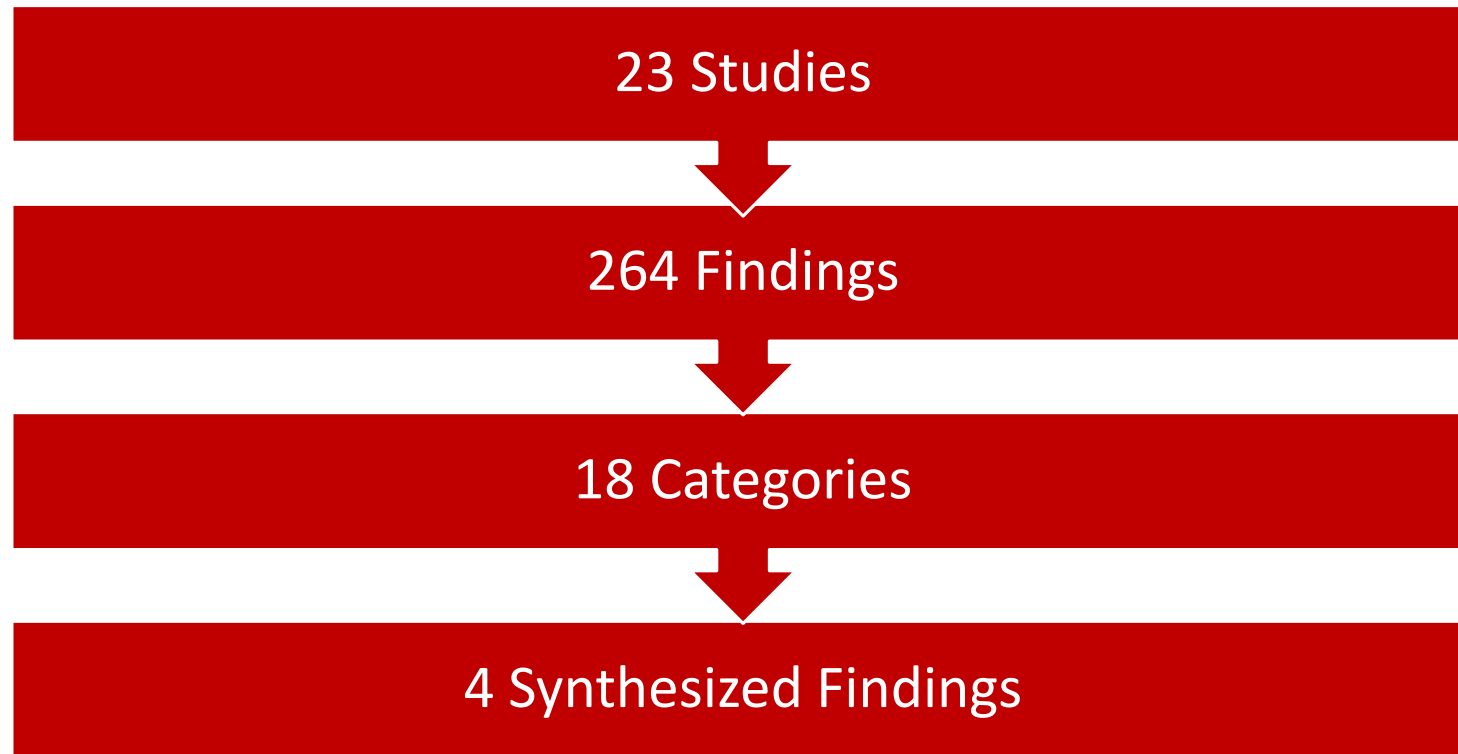
Home health

Ambulatory

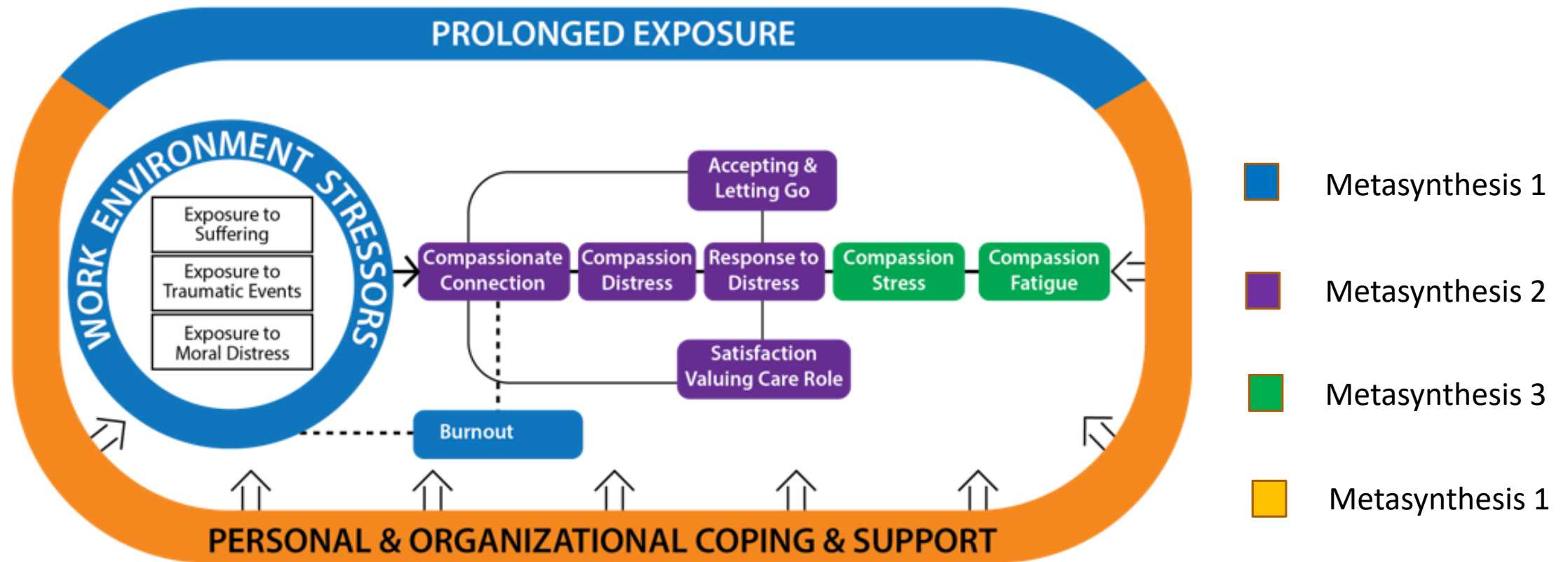
Con Qual

Synthesized finding	Type of research	Dependability	Credibility	ConQual Score	Comments
The Work and Professional Environment Create a Risk for CF	Qualitative	High	High	High	
In the Heat of the Moment	Qualitative	High	High	High	48 U + 2 C Not downgraded as >90% of findings are unequivocal
Running on Empty	Qualitative	High	High	High	
Keeping Compassion Fatigue at Bay	Qualitative	High	High	High	61 U + 3 C Not downgraded as >90% of findings are unequivocal

Results



Understanding Compassion Fatigue



Synthesis 1: Central to the work of nursing and the professional environment in which nurses work are significant psychosocial stressors that contribute to compassion stress and if left unchecked, can lead to CF



Blind to Compassion Fatigue

The War Zone of Nursing- Juggling Continuous Demands
Anguished, Helpless & Powerless: Reacting to Moral Distress

A Movie Constantly on Rewind

The Double Edged Sword of Connection

Strong Connections. ...and I can't make the Outcome Better

The System is Letting Me Down

Synthesis 2: Protection against the stress of the work and professional environment necessitates that the individual and team learn how to respond to “the heat of the moment”



Accept & Move On
Managing the Traumatic Event—Distraction
Did I Do Things Right
I Can't Handle This Alone...You Need a Team
Suffering in Silence...Moving on to the Next
Patient...Putting on a New Face of Happiness

Synthesis 3: Be alert to the symptoms of CF that present as profound, progressive, physical and emotional fatigue: a feeling that the nurse just can't go on and a sense of being disconnected and drained, like a gas tank on empty



Drained, Disconnected & Running on Empty
Physically Present but Emotionally Running Away

Synthesis 4: Keeping CF at bay requires awareness of the threat of CF, symptoms of CF, and the need for work-life balance and active self-care strategies.

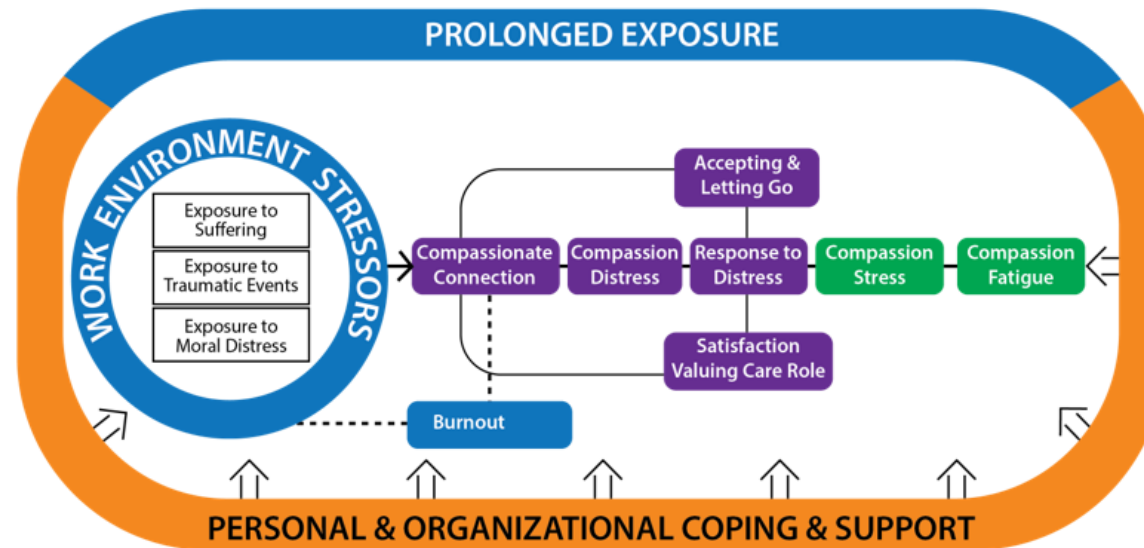


My Balance is Slipping

Developing Individual Resilience to Manage the Collar of Compassion Fatigue

Creating a Culture of Compassion for the Nurse

Can I Stay or Do I Leave?

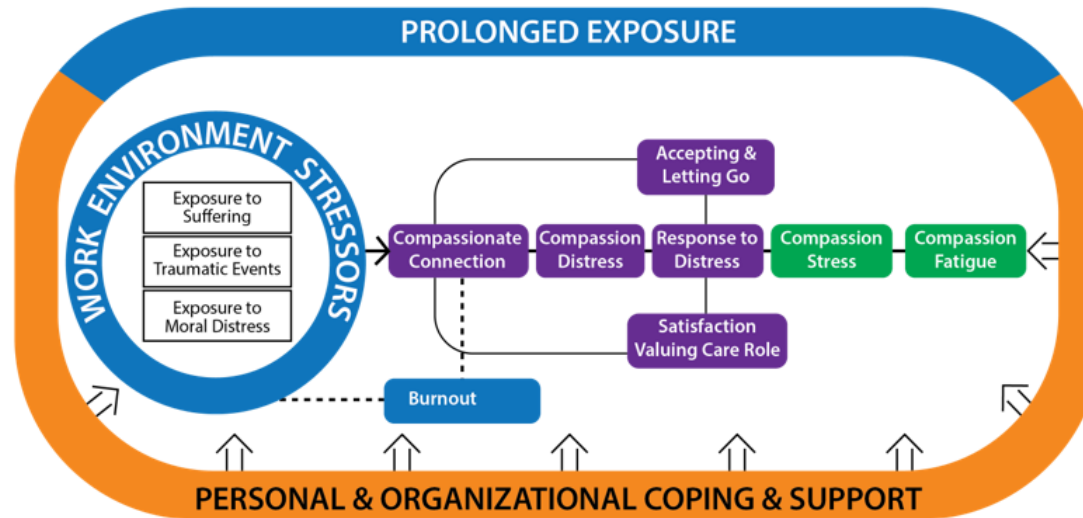


Educational and Clinical Practice Curriculum

Compassion and connection with patients who are suffering and outcomes can't be changed
Coping with loss, high risk situations
Compassion Fatigue

Managing stressful environment

Shared responsibility of team
Team Dialog on care demands, quality and moral distress
Communication



Coping with care challenges to continue caring

Distraction / Cooling down

Accepting / Moving on

Detached empathy

Team Support

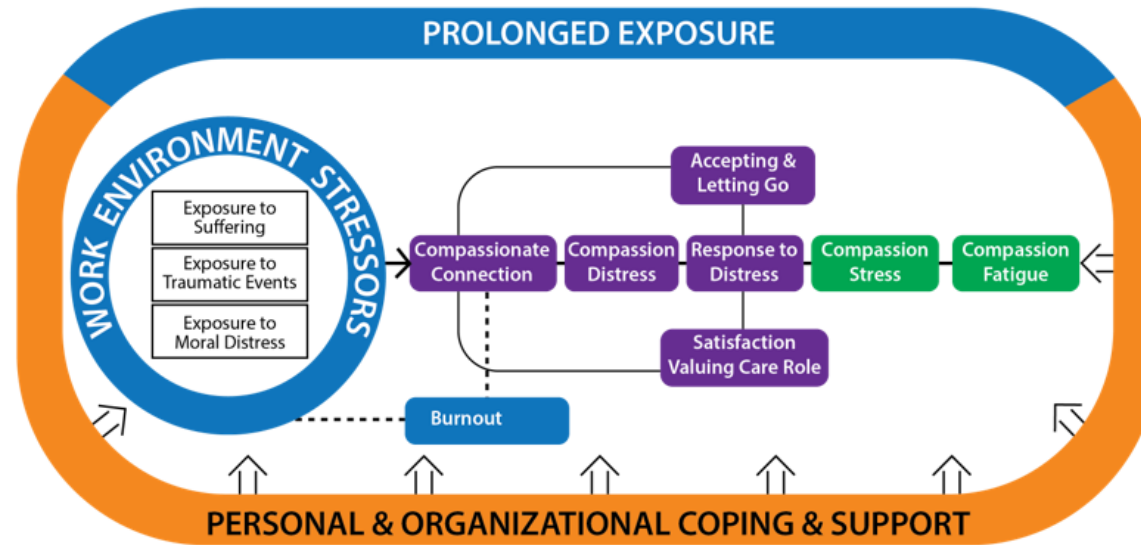
Assistance with physical and emotional demands

Debriefing

Reflecting on and learning from situations

Decompressing

Counseling to prevent suffering in silence



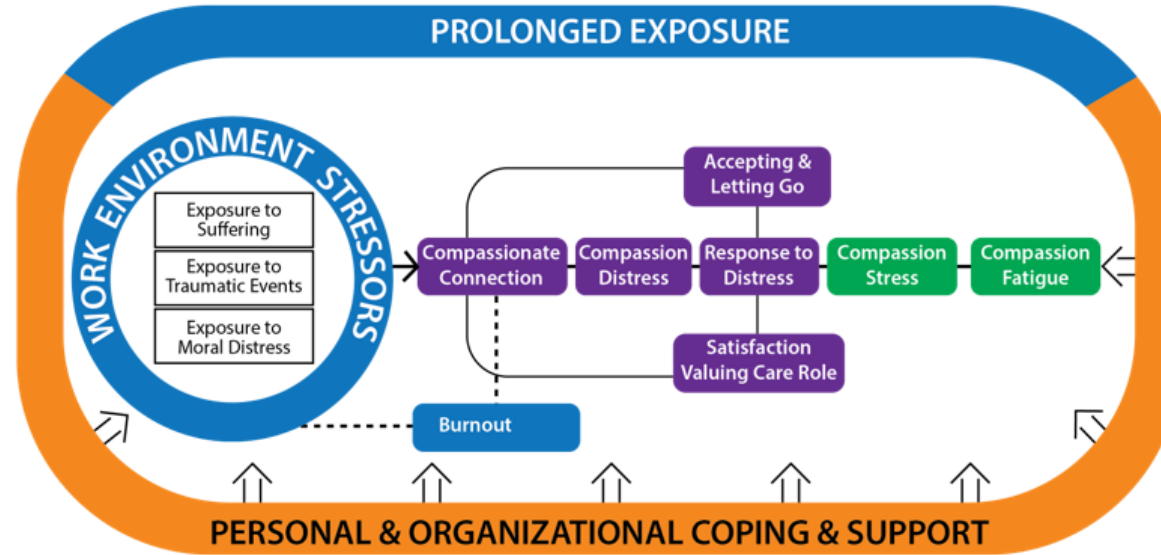
Be alert for signs of compassion fatigue

Physical symptoms

Profound fatigue that persists even with “breaks”

Sense of being disconnected— going through the motions

Avoid high risk patients



Being aware of the ever present threat of CF

Work Life Balance

Personal plans for resilience development and maintenance

Renewal Reflection

Strong teams with a culture of support

Questions

