

COMPASSION AND COMPASSION FATIGUE



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UNDERSTANDING COMPASSION

Compassion is defined as “sympathetic consciousness of others’ distress together with a desire to relieve it” (The Merriam Webster Dictionary, 2013).

Compassion requires sympathy, empathy, non-judgment, sensitivity, a tolerance of distress, and motivation to relieve suffering.

As Dewar (2011) further explains compassion is *“the way in which we relate to human beings. It can be nurtured and supported. It involves noticing another person’s vulnerability, experiencing an emotional reaction to this and acting in some way with them, in a way that is meaningful for people. It is defined by the people who give and receive it, and therefore interpersonal processes that capture what it means to people are an important element of its promotion.”*

THE BENEFITS OF COMPASSION

Compassion can actually make us less vulnerable, increase and motivate our strength to act, and increase our resilience and sustainability.

When we demonstrate compassion to another person the hormone oxytocin is secreted from the pituitary gland, and this has a positive effect on our emotional, cognitive and social behaviours. Oxytocin improves our psychological stability, reduces our stress responses and enhances our trust.

COMPASSION FATIGUE

Compassion fatigue has been described as a *“state of significant depletion or exhaustion of the nurse’s store of compassion, resulting from repeated activation over time of empathic and sympathetic responses to pain and distress in patients and in loved ones”* (Pembroke, 2015).

Nurses and midwives provide care for patients and families affected by illness. They may witness and respond to trauma, impending death, loss and grief. As a result, this may make them more vulnerable to experiencing the signs and symptoms of compassion fatigue.

Compassion fatigue may cause a health professional's ability to inadequately manage the demands of being compassionate and empathetic. This is a serious issue and can impact directly and adversely on their own physical, psychological and emotional health.

Coetzee and Klopper (2010) describe the consequences of compassion fatigue as *“changing behaviour and loss of the capacity to interact and engage intimately with others for whom they have responsibility”*.

RECOGNISING COMPASSION FATIGUE

Signs and symptoms of compassion fatigue include:

- Exhaustion, absence of energy, feeling constantly mentally and physically tired
- Apathy, sadness, no longer finding pleasure in activities
- Questioning meaning and purpose of life
- Depression
- Anxiety
- Difficulty in concentrating and functioning
- Isolation from others both at work and/or socially
- Difficulty in maintaining inter-professional relationships
- Feeling detached from others
- Insomnia
- Nightmares and flashbacks to a traumatic event
- Unrelenting thoughts and concerns
- Receiving an unusual amount of complaints from others
- Chronic physical ailments such as gastrointestinal problems, chronic pain and headaches
- Reduced motivation to maintain own hygiene and appearance
- Increased pessimism and suspicion
- Increasingly blaming and judgmental of others' actions
- Irritability and anger, or
- Poor self-esteem



MALADAPTIVE COPING BEHAVIOURS

Such as:

- Substance abuse (to manage and mask feelings) or
- Compulsive behaviours such as overspending, overeating, or gambling.

DOES EVERYONE GET COMPASSION FATIGUE?

Not all health professionals will experience compassion fatigue. In fact, professional satisfaction and motivation to practice is more common because the care provided ensures a compassionate approach.

Frequently, those at risk of compassion fatigue provide high standards of care and are well regarded by the team and by those in their care. This is important, as being aware of the risk of compassion fatigue occurring allows a conscious effort to prioritise and engage in activities that will help restore and balance energy.

SELF CARE STRATEGIES

Self-care strategies include:

- Joining healthy activities such as exercise, massage, yoga, and meditation
- Eating a healthy and balanced diet
- Ensuring sufficient rest and sleep
- Remaining engaged in family and personal relationships
- Organising life in proactive rather than reactive ways
- Participating in leisure and recreational activities.



WHAT CAN I DO NEXT?

Sometimes you may want to talk about something that has been playing on your mind after caring for a family with complex needs (eg. following a perinatal loss or after a traumatic birth).

Nurse & Midwife support provide free and confidential support 24/7. 1800 667 877, to nurses, midwives and students Australia wide.

Debriefing for health professionals after a traumatic experience, can be requested to Eliza Strauss, Bereavement Midwife at The Perinatal Loss Centre via email (theperinatallosscentre@gmail.com) or via the website at www.theperinatallosscentre.com.au

Your hospital or workplace may also offer support and counselling through their EAP (Employee Assistance Program).

REFERENCES:

Coetzee S.K. & Klopper H.C. (2010). Compassion fatigue within nursing practice: a concept analysis. *Nursing and Health Sciences* 12 (2), 235–243.

Dewar, B. (2011). *Caring about Caring: An Appreciative Inquiry about Compassionate Relationship-Centred Care*. PhD Thesis, Edinburgh Napier University, Edinburgh.

Merriam-Webster (2013) Compassion. Merriam-Webster online dictionary.

Nurse & Midwife Support website. accessed 5 March 2019 at <https://www.nmsupport.org.au/workplace/compassion-and-compassion-fatigue>

Nursing and Midwifery Board of Australia. (2016). 'Registered nurse standards for practice'. Retrieved 27 January, 2017.

Pembroke, N. (2015). Contributions from Christian ethics and Buddhist philosophy to the management of compassion fatigue in nurses. *Nursing and Health Sciences*, 18(1), 120-124.