Advanced International Journal for Research (AIJFR)
E-ISSN: 3048-7641 ● Website: www.aijfr.com ● Email: editor@aijfr.com

Compassion Fatigue in Nursing: A Narrative Review

Sithara Krishnan

Assistant Professor, Government College of Nursing, Thrissur, Kerala, India 680596
Email: sitharasarath452014@gmail.com

Abstract

Compassion is a vital part of a nurse's role, and compassion satisfaction is the positive side of being in a helping profession. Compassion fatigue is the emotional exhaustion secondary to long term exposure to stressful circumstances. In order to protect nurses from compassion fatigue and to ensure that they cope, it is necessary to support them, especially to well identify and reduce sources of stress in the work environment. It may be suggested to improve the working conditions of nurses in institutions and to support their personal development through in-service training programs, so as to reduce the stress at work environment

1. Introduction

Nurse ethical conduct is guided worldwide by the International Council of Nurses (ICN) Code of Ethics for Nurses, where compassion is one of five demanded professional values.[1] Being able to help directly or indirectly has both positive and negative aspects which have been described as Compassion Satisfaction and Compassion Fatigue. Compassion fatigue is the emotional exhaustion secondary to long term exposure to stressful circumstances. Compassion fatigue has two parts, burnout and secondary traumatic stress. Burnout is about things such as exhaustion, frustration, anger, and depression. Secondary Traumatic Stress is a negative feeling driven by fear and work-related trauma.[2]

Compassion is a vital part of a nurse's role, and compassion satisfaction is the positive side of being in a helping profession.[3] The concept of compassion fatigue arose out of the research and observations of Charles R. Figley, PhD.[4] When compassion satisfaction rates remain high, this is positive for both nurses and their patients. Patients who feel satisfied with the care they received reported better overall satisfaction with their hospital experience. But the flip side of compassion satisfaction is CF, and when satisfaction drops, risk of CF follows, as does the risk of lower quality patient care.[5]

The factors that contribute to, or help stave off, compassion fatigue have been studied by leading academic minds and by healthcare administrators. One of the key factors in predicting the likelihood of the onset of compassion fatigue is an individual's resilience quotient.[6] Many descriptive research studies depict the factors contributing to compassion fatigue among nurses with high levels of burnout and secondary traumatic stress. Fatigue is related to individual factors such as age, gender, job experience and

leisure activities.[7] Factors for compassion fatigue and burnout in U.S. nurses include: age, years working as a nurse, environment of work, coping mechanisms, and specialities.[8]

A descriptive study revealed overall low to average levels of compassion fatigue and burnout and generally average to high levels of compassion satisfaction among the group of emergency department nurses.[9] A cross-sectional study from a large urban trauma centers in the United States proved that compassion fatigue may contribute to a decline in patient satisfaction as well as an increased in turnover of nurses and medication errors.[10] Higher compassion fatigue and burnout were found among oncology nurses who had more years of nursing experience, worked in secondary hospitals and adopted passive coping styles. Cognitive empathy, training and support from organizations were identified as significant protectors.[11]

Compassion fatigue can lead to a range of psychiatric conditions, including hypochondria, dissociative disorders, mood disorders (e.g., anxiety and clinical depression), addictions (including smoking, alcohol, drugs, and gambling), eating disorders, and personality disorders. [12] The stressful factors, experiences and coping strategies of nurses can all be related to the seven domains as stated by Figley: cognitive, emotional, behavioural, personal relations, somatic and work performance. [13]

In order to protect nurses from compassion fatigue and to ensure that they cope, it is necessary to support them, especially to well identify and reduce sources of stress in the work environment. It may be suggested to improve the working conditions of nurses in institutions and to support their personal development through in-service training programs, so as to reduce the stress at work environment. [14] Nurses' mindful self-care can affect compassion fatigue through the mediating role of resilience and professional identity. In the future, attention should be paid to cultivating nurses' mindful self-care ability and resilience and improving nurses' professional identity, which may help to reduce nurses' compassion fatigue. [15] Resiliency and Recovery Program had a significant impact on Compassion Fatigue, leading to an increase in Compassion Satisfaction, and a reduction in Burnout and Secondary Traumatic Stress. Inculcating Resiliency skills in nursing officers can help them in reducing compassion fatigue and thus aids in health promotion. [16] Hospital and health care leaders can positively affect nurse well-being through a trauma-informed leadership approach and by promoting practices to decrease compassion fatigue and improve employee resilience. Leadership behaviors that foster self-care and nursing resilience are imperative to maintain and strengthen the nursing workforce. [17] Nurse managers should use highly standard guidelines to reduce secondary traumatic stress levels. Further actions addressing potential issues for improving compassion satisfaction and reducing burnout levels among nurses are also recommended. [18]

There should be actionable insights for clinical practice, underscoring the need for hospital administrators to implement targeted interventions—such as establishing structured emotional support systems, delivering resilience enhancement programs, and integrating moral sensitivity training—aimed at alleviating compassion fatigue and strengthening nurses' capacity for humanistic care. Future research should consider broader populations across diverse regions, institutional levels, and professional contexts, and employ longitudinal or interventional methodologies to further validate the proposed mechanisms, thereby advancing the development of a resilient, compassionate, and high-quality nursing workforce. [19]

References

1. International Council of Nurses (ICN). The ICN code of ethics for nurses. Geneva: ICN, https://www.icn.ch/sites/default/files/inlinefiles/2012_ICN_Codeofethicsfornurses_%20eng.pdf (2012, accessed 14 April 2020). [Google Scholar]
2. Stamm, B.H. (2012). Helping the Helpers: Compassion Satisfaction and Compassion Fatigue in Self-Care, Management, and Policy. In A.D. Kirkwood & B.H. Stamm, Resources for Community Suicide Prevention. [CD]. Meridian and Pocatello, ID: Idaho State University.
3. Stamm BH. Compassion Satisfaction and Compassion Fatigue. April 26, 2012. http://bit.ly/1Hr8Cad. Accessed April 2, 2016
4. Figley CR. Renewing Spirits: Lessons from Thirty Years of Trauma Work (Keynote address). William Wendt Center for Loss and Health Conference on Illness, Grief & Trauma. October 6, 2001; Washington, DC.
5. otter P. Compassion Fatigue: Prevalence Among Oncology Nurses. Presented at: Missouri Oncology Society Spring 2015 Membership Meeting; April 14, 2015. http://bit.ly/25DtAx1. Accessed April 2, 2016.
6. https://www.jons-online.com/issues/2018/december-2018-vol-9-no-12
7. Borges EMN, Fonseca CINS, Baptista PCP, Queirós CML, Baldonedo-Mosteiro M, Mosteiro-Diaz MP. Compassion fatigue among nurses working on an adult emergency and urgent care unit. Rev. Latino-Am. Enfermagem. 2019;27:e3175.
8. Marcum, Kaitlyn; Rusnak, Tabitha; and Koch, Mckenzie, "A Systematic Review: Factors for Burnout and Compassion Fatigue in U.S. Nurses" (2018). Honors Research Projects. 617
9. Hunsaker, S., Chen, H. C., Maughan, D., & Heaston, S. (2015). Factors that influence the development of compassion fatigue, burnout, and compassion satisfaction in emergency department nurses. *Journal of nursing scholarship : an official publication of Sigma Theta Tau International Honor Society of Nursing*, *47*(2), 186–194. https://doi.org/10.1111/jnu.12122
10. Wijdenes, Kati L., Terry A. Badger, and Kate G. Sheppard. "Assessing compassion fatigue risk among nurses in a large urban trauma center." *JONA: The Journal of Nursing Administration* 49.1 (2019): 19-23.
11. Yu, H., Jiang, A., & Shen, J. (2016). Prevalence and predictors of compassion fatigue, burnout and compassion satisfaction among oncology nurses: A cross-sectional survey. *International journal of nursing studies*, *57*, 28–38. https://doi.org/10.1016/j.ijnurstu.2016.01.012
12. Mathieu F. The Compassion Fatigue Workbook: Creative Tools for Transforming Compassion Fatigue and Vicarious Traumatization New York. New York: Routledge; 2011
13. Ondrejková N, Halamová J. Qualitative analysis of compassion fatigue and coping strategies among nurses. Int J Nurs Sci. 2022 Sep 18;9(4):467-480. doi: 10.1016/j.ijnss.2022.09.007. PMID: 36285079; PMCID: PMC9587405.
14. Aslan H, Erci B, Pekince H. Relationship Between Compassion Fatigue in Nurses, and Work-Related Stress and the Meaning of Life. J Relig Health. 2022 Jun;61(3):1848-1860. doi: 10.1007/s10943-020-01142-0. Epub 2021 Jan 2. PMID: 33386572; PMCID: PMC7775832.
15. Wei J, Yun Z, Zhang Y, Liang Y, Hu Z, Gao C, Tang X, Liu H. Mindful Self-Care and Compassion Fatigue in Nurses: The Chain Mediating Roles of Resilience and Professional

Identity. J Nurs Manag. 2025 Feb 11;2025:8572654. doi: 10.1155/jonm/8572654. PMID: 40223877; PMCID: PMC11918527.
16. Zacharias BS, Upendra S. Effectiveness of Resiliency and Recovery Program on Compassion Fatigue among Nursing Officers working in selected Hospitals in India. Invest Educ Enferm. 2023 Nov;41(3):e06. doi: 10.17533/udea.iee.v41n3e06. PMID: 38589306; PMCID: PMC10990588.
17. https://www.jointcommission.org//media/tjc/newsletters/quick_safety_nurse_resilience_final_7_19_19pdf.pdf?db=web&hash=552B3D44D99B02373F48D1FF464BFF27
18. Bahari G, Asiri K, Nouh N, Alqahtani N. Professional Quality of Life Among Nurses: Compassion Satisfaction, Burnout, and Secondary Traumatic Stress: A Multisite Study. SAGE Open Nurs. 2022 Jul 15;8:23779608221112329. doi: 10.1177/23779608221112329. PMID: 35860193; PMCID: PMC9289902.
19. 19) https://bmcnurs.biomedcentral.com/articles/10.1186/s12912-025-03351-y#citeas