# Independent Study

## "I've Fallen and I Can't Get Up"
## Compassion Fatigue in Nurses and Non-Professional Caregivers



*The phone rang at 6:30 that morning. It was the nurse calling to say she would not be able to be at my house by seven because she didn't have any gas in her car. In fact she wouldn't be there at all. Now what was I to do? My eight year-old daughter who is severely disabled has significant care needs that only a licensed nurse can meet. I couldn't take another day off from work and expect to continue to have that job. All I could do was sit in the middle of my floor and cry uncontrollably. Eight years of multiple life threatening emergencies, as well as day-to-day care giving expectations, had taken their toll on my coping skills. I was tired. I was done, but I couldn't take the day off.*

This scenario and others like it are played out daily sometimes with devastating consequences. The idea that nurses and other professional caregivers are susceptible to what has come to be known as "compassion fatigue" has received wide-spread acceptance; however, the long-term effect of compassion fatigue on non-professional caregivers has received far less focus. As more and more emphasis is placed on home or community-based care venues as the preferred location for meeting health care needs, the stress experienced by the non-professional caregivers will take on even greater significance. The purpose of this study is to define compassion fatigue, distinguish it from burnout, and identify strategies for ameliorating its symptoms. Secondarily, the study will explore the role of nurses dealing with non-professional individuals who care for loved ones over a prolonged period of time and who are experiencing compassion fatigue. Finally, the study will look at the implications of compassion fatigue relative to the health care delivery system as a whole.

**Compassion Fatigue v. Burnout**

Caring is a cornerstone of nursing. Eric Gentry, a leading traumatologist, has suggested that "people who are attracted to care giving often enter the field already compassion fatigued. They come from a tradition where they are taught to care for the needs of others before caring for themselves." With that idea in mind, it should not be surprising that something called "compassion fatigue" might be especially prevalent among nurses and others in the helping professions.

The compassion that goes hand-in-hand with caring is defined as "feelings of deep sympathy and sorrow for another who is stricken by suffering or misfortune, accompanied by a strong desire to alleviate the pain or remove its cause." (Webster, 1989 p. 229). Compassion is the therapeutic alliance between the patient and the nurse to achieve the desired outcome. (Figley, 2006). Despite the importance of compassion to effective nursing practice, it can become a deterrent to good care when it overwhelms the nurse's ability to function effectively in a professional caregiver capacity.

The term "compassion fatigue" was first used in 1992 by Joinson to describe a syndrome that occurred when nurses were caring for a patient facing life-altering or life-threatening changes as a result of an illness or accident. (Murphy, 2010) It was used to describe the level of burnout experienced by nurses and physicians worn down by caring for patients in post-traumatic stress disorder (PTSD) clinics and emergency departments.

As more attention was focused on the concepts embodied in that early description, experts began to distinguish burnout from compassion fatigue and vicarious trauma or secondary trauma stress. The latter now refers to traumatic stress reactions that occur following critical or emergent experiences in which the initial traumatizing event suffered by one person becomes a traumatizing event for another. In other words, the nurse caregiver internalizes the PTSD experienced by a patient. This vicarious trauma is the emotional response to a single acute traumatic event. (Florio, 2010) The symptoms of vicarious or secondary trauma are usually rapid in onset and associated with a particular event. They include being afraid, having difficulty sleeping, having images of the upsetting event pop up in one's mind, or avoiding things that remind one of the events.

Conversely, burnout and compassion fatigue are progressive and develop over a more prolonged period of time. Burnout is defined as the "state of physical, emotional and mental exhaustion caused by long-term involvement in emotional demanding situations." (Florio p 4). Burnout is more than a sense of frustration or tiredness, and is associated with a situation rather than a person. If you can trace the stress in question to work conditions, time pressures, or personalities, it is most likely burnout.

Several stages comprising the path to burnout have been identified and include enthusiasm, stagnation, frustration, and apathy. Enthusiasm occurs early in an individual's career. He/she is highly motivated and compelled to do the best job possible. These caregivers may take on extra projects to establish their place in the work community. At the stagnation stage the individual may feel in a rut. Work lacks variety and challenge. Enthusiasm has waned and more importance is placed on career development and financial considerations. The frustration stage is the point at which feelings of hopelessness and powerlessness begin to surface. Unhappiness and discontent are prevalent. Finally in the apathetic stage the individual operates on autopilot. This can be a dangerous stage because the caregiver may not be functioning at his/her highest level. If burnout is not identified at the earlier stages, it can become progressively worse and more difficult to reverse. Nurses experiencing burnout are at greater risk for compassion fatigue.

"Compassion stress is a response to the people who are suffering rather than to the work situation." (Florio p 7) Compassion fatigue is not a character flaw. Rather, it is defined as the state of exhaustion and dysfunction (biologically, psychologically, and socially) resulting from prolonged exposure to compassion stress. "We become exhausted by the exposure to experience after experience of emotionally draining patients who look to us for help." (Florio p. 8) Compassion fatigue is a form of burnout that has progressed to a higher level. It is severe malaise resulting from caring for patients who are in pain or suffering. (Aycock, 2009) Compassion fatigue is considered to be more complex than burnout. It stems from

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working with patients who have debilitating or serious illness or trauma.

Compassion fatigue is the emotional, physical, social, and spiritual exhaustion that overtakes a person and causes a pervasive decline in his/her desire, ability, and energy to feel and care for others. Such fatigue causes the sufferer to lose the ability to experience satisfaction or joy professionally or personally. Compassion fatigue is not pathological in the sense of mental illness, but is considered a natural behavior and emotional response that results from helping or desiring to help another person suffering from trauma or pain.

(McHolm, 2006 retrieved 5/15/2011 from www.nursingcenter.com/prodev/ce article asp?tid=676963)

"Compassion fatigue is a one-way street. Individuals give out a great deal of energy and compassion to others over a period of time yet are not able to get enough back to reassure themselves that the world is a hopeful place." (Retrieved from www.pspinformation.com/caregiving/thecaregiver/compassion.shtml on May 17, 2011) Those experiencing compassion fatigue give from a state of depletion. They never fill themselves

| Burnout | Compassion Fatigue |
|---|---|
| Anyone who works in difficult work environments is at risk | Health care professionals who regularly observe or listen to experiences of fear and pain and suffering are at risk |
| Adapt to exhaustion by becoming less empathetic and more withdrawn Reduced personal achievement | Continue to give but cannot maintain a healthy balance between empathy and objectivity |
| Response to work situation | Response to people. Personally identify with patient and personally absorb patient's trauma or pain |
| Results from being busy | Results from giving high levels of energy and compassion over a prolonged period of time. |
| Evolves gradually when differences between the expectations of the individual and the organization are in conflict | |

because they have never accepted that sustainable self-care is an essential ingredient in the care giving equation.

***Compassion fatigue is a stress response. Consistent with stress theory, the longer a stress occurs or the greater the number of stressors at any one time, the more severe the impact of the stress on the individual.***

**Identifying Compassion Fatigue**

According to Michael Kearney, MD, lead author of a report on compassion fatigue published in the *Journal of the American Medical Association,* approximately 6-8% of nurses and physicians suffer compassion fatigue. The number of non-professional caregivers who experience the condition is not known, however. The lack of hard data should not be interpreted as an indication that the problem is confined to professionals. Rather, it suggests that more attention should be given to the spouses, parents, siblings and others who are being relied upon more and more often to take on long-term care giving roles and responsibilities in our evolving health care system.

Some postulate that compassion fatigue is more common today among professional caregivers because of increased patient loads, a shortage of nurses and other health care personnel, and financial constraints/budgetary realities that force difficult economic choices to be made. Nurses who bring high expectations to a job are at risk for compassion fatigue as are younger employees who are new to their careers. (Bush, 2009). Regardless of the cause, the end result is costly both from a personal perspective as well as from a financial one.

The personal manifestations of compassion fatigue stem from the dynamics underlying the circumstances that lead to the condition. At its core, compassion fatigue is similar to other addictions. Negative emotions, stress, and an overwhelmed feeling arise and the individual does not know how to respond. The feelings are tamped down, but the pain never actually goes away. Negative reactions emerge so temporary solutions are tried over and over and over. Such self-abuse is the addiction. An element of denial exists similar to all addictive behaviors.

Not only can individuals experience compassion fatigue, but entire organizations may also evidence the condition. Organizational signs of compassion fatigue are high absenteeism; constant changes in co-worker relationships; inability for teams to work well together; desire among staff to break company rules; outbreaks of aggressive behavior among staff; inability of staff to complete assigned tasks; inability of staff to respect and meet deadlines; lack of flexibility among staff; negativism toward management; strong reluctance to change; inability of staff to believe improvement is possible; and a lack of vision for the future. Chronic absenteeism, growing Worker's Compensation costs, high turnover rates, and friction in the workplace are some of the effects of compassion fatigue that can and do impact an organization's bottom line. (Compassion Fatigue Awareness Project)

The signs of compassion fatigue appear over time, not overnight. It is not a matter of one day an individual is fine and the next they are not. Symptoms include irritability, disturbed sleep, outbursts of anger, intrusive thoughts, and a desire to avoid anything having to do with the patient's struggle. An individual experiencing compassion fatigue may be tired before the workday begins. There is a lack of enjoyment in leisure activities. Compulsive acts, excessive blaming, and excessive complaints about one's job and co-workers could indicate compassion fatigue.

Other classical signs are a decreased sense of personal satisfaction in professional accomplishments; a sense of underlying and generalized anger; free floating anxiety and restlessness; depression, low self-esteem; loss of enjoyment at work and at home; sense of hopelessness and loss of control over one's destiny; denial of negative feelings; physical complaints of migraine headaches, GI distress, and exhaustion; abuse of food and/or drugs or alcohol; disruption in sleep cycle and mood swings. Caregivers experiencing compassion fatigue may find themselves working longer to compensate for the negative feelings. The

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end result is a caregiver who is unable to meet personal or workplace expectations. There is a decline in job performance and efficiency. Errors may increase. Compassion fatigue, if not addressed, can destroy an individual's personal life.

Because compassion fatigue is progressive, it is possible and desirable to identify relatively early when a nurse is at risk for the condition, and take the steps needed to lessen the consequences. To do so, however, requires awareness of the factors at play that are leading to an increased risk for compassion fatigue. The Compassion Fatigue Awareness Project (www.compassionfatigue.org) provides on its website a self assessment tool, the Professional Quality of Life Scale (PROQOL), that could be utilized as a screening device to determine whether compassion fatigue may be causing the symptoms and behaviors that are being exhibited either by a professional caregiver or by a non-professional one. By responding to the early signs one could prevent the loss of valuable human resources and the attendant costs associated with filling nursing staff vacancies. For the non-professional caregiver it could mean the difference between continuing to provide care at home and being forced to resort to a more formalized institutional setting—typically a costly and less desirable alternative.

**Symptoms of Compassion Fatigue (Aycock, 2009 p 185)**

| Physical | Psychological | Behavioral |
|---|---|---|
| Headache or muscle aches<br>Hypertension<br>Fatigue<br>Weight gain<br>Stiff neck<br>Disrupted sleep<br>Increased incidence of cardiovascular disease<br>Diabetes<br>GI conditions<br>Immune dysfunction<br>Frequent lingering illness | Anger<br>Boredom<br>Depression<br>Anxiety<br>Hopelessness<br>Poor communication<br>Feelings of isolation & alienation<br>Irritability<br>Apathy<br>Avoidance of intense patient situations | Substance abuse<br>Tardiness<br>Absenteeism<br>Medication errors<br>Sarcasm<br>Cynicism |

**Dealing with Compassion Fatigue**

Generally, caregivers are by nature compassionate individuals; therefore, the thought of being unable to meet care giving expectations adds to their sense of hopelessness. Accepting that these feelings are not a character flaw is essential if one is to halt the compassion fatigue juggernaut and begin the healing process. Not surprisingly, self-awareness is the first step in combating the debilitation associated with compassion fatigue. Along with self-awareness comes the need to engage in self-care—something that may be foreign to the typical overwhelmed caregiver experiencing compassion fatigue. Self-reflection, finding balance in daily activities, and setting boundaries (saying "no") are all components of caring for oneself. It is also important to spend some time alone. Other coping strategies include:

- Changing one's personal engagement level with a patient or situation if possible;
- Changing the nature of the work involvement by transferring or going to part-time work or changing shifts;
- Taking extra days off;
- Seeking help from colleagues for informal debriefing;
- Recharging at a retreat or creating a "stress-free zone";
- Developing a career plan and sticking to it; and
- Nurturing positive relationships at work and at home.

**12 Self-Care Tips** (Mathieu 2007, retrieved 5/17/2011 from www.compassionfatigue.org/pages/top12selfcaretips.pdf)

1. Take stock. What's on your plate? List demands on your time and energy—family, work, volunteer—then determine what stands out. What would you like to change? Can you talk about it with someone?
2. Start a self-care idea collection. Brainstorm with friends, make a list, then pick three ideas that seem to resonate with you. Commit to implementing them within the next month.
3. Find time for yourself every day. Rebalance your workload. Do you work through lunch and spend days off running errands? Try taking ten minute breaks to listen to music or simply do nothing.
4. Delegate. Learn to ask for help at home and at work.
5. Have a transition from work to home. Find a transition ritual such as changing clothes immediately upon arriving home or going for a short walk.
6. Learn to say "no" (or "yes") more often. Think of one thing you could say "no" to more often or say "yes" to self-care tactics.
7. Assess your trauma input. Recognize the amount of trauma information unconsciously absorbed each day through TV news, etc. There is a lot of extra trauma input outside of working with patients, so create a trauma filter to protect yourself from extraneous material.
8. Learn more about compassion fatigue.
9. Consider joining a supervision/peer support group.
10. Attend workshops/professional training regularly.
11. Consider part time work (at this type of job).
12. Exercise.

Compassion fatigue can (and should) be addressed at the organizational level as well. Doing so requires a systemic rather than systematic change. Instead of taking generalized steps to deal with compassion fatigue, the organization should talk with people individually and ask, "How can the organization help you to overcome compassion fatigue? How can we help you to do your job better?" Then the organization and individual should work together to craft a personalized plan because the circumstances and environment are different for everyone. There is no "one size fits all" solution.

The Compassion Fatigue Awareness Project was established by Patricia Smith in response to the realization that, while compassion fatigue was relatively common, widespread recognition of its prevalence or its devastating consequences was rare. Appropriate support systems and effective networks were in short supply. In an attempt to serve as a resource for the entire gamut of compassion fatigue sufferers, the web-based Project developed a series of materials it calls the "Eight Laws." They highlight the various approaches needed to effectively deal with compassion fatigue on various fronts.

**The Eight Laws Governing Healthy Caregiving**
(Compassion Fatigue Awareness Project ©)

1. Sustain your compassion.
2. Retain healthy skepticism.
3. Learn to let go.
4. Remain optimistic.
5. Be the solution.
6. Embrace discernment.
7. Practice sustainable self care.
8. Acknowledge your successes.

**The Eight Laws Governing Healthy Change**
(Compassion Fatigue Awareness Project ©)

1. Take frequent breaks from what you are doing.
2. Learn the word "no." Use it whenever necessary.
3. Share the load with others.
4. There is humor in every situation. Find it and laugh.
5. Recognize when you need help. Ask for it.
6. Give yourself credit when credit is due.
7. Give others credit when credit is due.
8. Breathe deeply as often as possible.

**The Eight Laws Governing Self Care**
(Compassion Fatigue Awareness Project ©)

1. By validating ourselves, we promote acceptance.
2. By validating others, we elevate ourselves.
3. By meeting our own mental, physical, and emotional needs, we give care from a place of abundance, not scarcity.
4. By practicing self-goodwill, we manifest it throughout our lives.
5. By honoring past traumas and hurts, we allow ourselves freedom from the pain that controls us.
6. By "doing the work" we reclaim the personal power that is rightfully ours.
7. By naming and taking ownership of the core issues that limit our growth, we create authenticity.
8. By managing our self-care, we welcome happiness into our lives.

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**The Eight Laws Governing a Healthy Workplace**
(Compassion Fatigue Awareness Project ©)

1. Employer provides a respite for staff following any traumatic event.
2. Employer provides continuing education for staff.
3. Employer provides acceptable benefit to aid staff in practicing beneficial self care.
4. Employer provides management and staff with tools to accomplish their tasks.
5. Employers direct management to monitor workloads.
6. Employers provide positive team-building activities to promote strong social relationships between colleagues.
7. Employers encourage "open door" policies to promote good communication between workers.
8. Employers have grief processes in place when traumatic events occur onsite.

Individuals serving in a care giving capacity are frequently at risk for compassion fatigue. It cannot be cured but the symptoms and manifestations can be managed. Many of the management strategies are targeted toward the professional caregiver. The non-professional caregivers typically have fewer options available to them. They cannot "change the nature of their work involvement" or go from full time to part time status. For that reason, it is important for nurses and others involved in caring for individuals with chronic conditions to be cognizant of the needs of the caregivers as well as the immediate medical needs of their patients. If non-professional caregivers are experiencing compassion fatigue, the patients' care needs may not be met leading to complications and possible unanticipated hospital stays.

**The Role of the Nurse in Addressing Compassion Fatigue in Non-Professional Caregivers**

By definition, nursing practice encompasses more than direct hands-on care of the individual patient. Nurses also provide care to communities and groups. Indeed the law regulating nursing practice (Chapter 4723 of the Ohio Revised Code) defines the practice of nursing as a registered nurse as "providing to individuals and groups nursing care requiring specialized knowledge, judgment, and skill derived from the principles of biological, physical, behavioral, social, and nursing sciences." (Section 4723.01 (B) ORC emphasis added) Similarly, the law defines the practice of licensed practical nurses to include, "providing to individuals and groups nursing care requiring the application of basic knowledge of the biological, physical, behavioral, social, and nursing sciences...." (Section 4723.01 (F) ORC emphasis added)

In other words, the entire family unit may be the recipient of a nurse's care and expertise. The concept of "holism" is reflected in these definitions. Holistic nursing means caring for the physical, emotional, social, family, and the overall environment in order to achieve the optimal health outcomes for all.

Applying the principles embodied in holistic care when a family member or loved one is serving as the primary caregiver means the nurse, who may only be intermittently involved with the patient, must be alert to the likelihood of compassion fatigue within the family unit. Indeed, non-professional caregivers are the largest group at risk for compassion fatigue and also the most difficult to identify and treat because of their personal, emotional connection to the patient.

While the term "compassion fatigue" is becoming more commonplace among professional caregivers, it is less frequently recognized per se in the non-professional realm. These caregivers manifest the same signs and symptoms, but no one has put the "compassion fatigue" label on what they are experiencing. Providing the "diagnosis" is reassuring and helps the caregiver realize that his/her symptoms are not unusual nor are they a character flaw. Putting a name on the feelings helps start the processes needed to manage the emotional and physical reactions the caregiver is experiencing.

A nurse should consider asking the family member caregiver to complete a self-assessment tool (such as the Professional Quality of Life Scale [PROQOL]) and provide a list of resources and other information the caregiver could use should compassion fatigue be an issue. Ideally, this should be a routine component of the plan of care a nurse develops whenever care needs will be met for a prolonged period of time by family members or loved ones.

In addition to proactively anticipating compassion fatigue, a nurse should also guard against unwittingly adding to the stress that contributes to compassion fatigue. When a nurse is caring for a patient in a home health environment, he/she should be aware of the ramifications that accompany failure to keep a commitment or visit as scheduled. Family members may have been counting on that time as an opportunity to get away, even briefly, to engage in self-care. The loss of the promised respite can be as devastating as the actual additional care demands that the family member must shoulder in the absence of the nurse. Nurses should be sensitive to the important role they fill in meeting these needs. When that insight is lost or ignored, the implications for the family member can be excruciating and ultimately affect the health of the patient.

**Joe's story**

*"I've been caring for my husband Joe for several years. He suffers from Parkinson's and recently had a stroke. He is unsteady on his feet and has trouble eating. He is incontinent. I can't leave him alone for fear he might hurt himself. We can't go anywhere because I have trouble getting him into and out of the car by myself. Neighbors have been helpful and so have my children, but they all have lives of their own. I don't mind caring for my husband. It is what I want to do, but I miss not being able to go to church or play cards with my friends occasionally."*

When asked, this non-professional caregiver had never heard of the phrase "compassion fatigue" nor had she considered that her own physical health might be compromised by her care giving duties. Not surprisingly, she eventually had a myocardial infarction that severely limited her ability to be the caregiver she had been for so long. Ultimately, a nursing home placement became the only option for Joe.

**What might have been done?**

Nurses caring for Joe could anticipate the implications of the 24/7 care giving responsibilities the wife had assumed. Strategies for engaging in regular self-care activities could be presented to her early in the process and routinely stressed during subsequent encounters. Referrals to community support systems such as adult day care and similar respite opportunities, meals on wheels, and transportation options should be initiated. In other words, a care plan for the family unit should be developed and modified as needed and communicated to all involved in Joe's care not just once but throughout the time Joe's care needs are being met at home.

**Patty's insights**

*"I've been the primary caregiver for my daughter for over eight years and only recently learned about compassion fatigue from a parent support group. None of the nurses, social workers or physicians who have been involved with us has ever mentioned it, even though they know I am a single parent. It was reassuring to me to learn that what I am experiencing is actually a formalized concept, and that I am not alone in these feelings. It made sense to me when I finally put a name to it, but I would not have been able to do that by myself. I am too close to the situation.*

*Although I appreciate how important self-care is in dealing with my compassion fatigue, I think sometimes the nurses who are in our home don't fully understand or appreciate how important they are in helping me meet my own self-care goals. We've never talked about it, and I would feel funny bringing it up myself. When the nurses are meeting*

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*my daughter's health care needs, it allows me to just be her mom. When my daughter thrives so do I."*

**What might be done?**

This mom, while recognizing she is experiencing what she calls "chronic grief," continues to minimize her own self-care needs. Her statement "When my daughter thrives so do I" is evidence she continues to place a low priority on her own very legitimate and separate care needs. A nurse could help legitimize these needs and also help identify ways she could begin to meet them. While the circumstances of the family make this mother a likely candidate for compassion fatigue, she has not been afforded an opportunity to raise her concerns with the professionals who are frequently involved with her daughter's care. The mother was reluctant to bring the issues up on her own initiative; therefore, without nurses being willing to do so, the family unit's health is not optimized.

**Compassion Fatigue and the Health Care System in General**

Compassion fatigue left unrecognized and untreated can have significant ramifications not only for the individuals involved, but also for the health care system as a whole. Nurses who are unable to effectively manage their compassion fatigue are more likely to leave the nursing profession thereby contributing to the already critical nursing shortage. Replacing these individuals is costly from an organizational perspective given the expenses associated with recruiting and orienting new nurses. Further, compassion fatigue may manifest itself through frequent absenteeism or other disruptive behaviors that add tangible and intangible costs to the employer and the health care system as a whole.

Retention issues impact not only nurse availability at the bedside, but also the availability of educators and mentors for novice nursing staff, particularly in the development of critical thinking and problem solving. Even with tenured staff lack of skill development to manage compassion fatigue may impact retention and staff engagement in the work setting. (Aycock, 2009, p. 185)

Ultimately, a workforce that is not able to safely and effectively meet productivity expectations adds costs to an already financially overburdened system.

The need to control the ever-increasing cost of health care has led to greater reliance on non-institutional settings and non-professional caregivers. That means more family members will take on the responsibility for meeting the health care needs of their loved ones in informal settings without the resources needed to safeguard their own personal physical and emotional health. People are living longer with chronic conditions that require skilled nursing care for prolonged periods of time.

The ever-growing aging population will put further strain on the health care delivery system that is already unable to cost effectively meet care needs or expectations. Compassion fatigue is one complication of long-term care giving that, if better understood, identified early and appropriately managed, could be minimized to everyone's advantage. Doing so could enable non-professional caregivers to avoid the emotional trauma and other debilitating behaviors that limit their care giving effectiveness. It would also allow patients to be more appropriately cared for in non-institutional settings. If our system of health care is to look to home and community-based care as the lynchpin of cost containment, the need to proactively address the side effects associated with that approach, such as compassion fatigue, cannot be ignored. Not only is it the right thing to do from a personal or societal perspective, it is also the economically prudent thing to do as well.

***References***


Aycock, N., & Boyle, D., (2009) Interventions to manage compassion fatigue in oncology nursing: *Clinical Journal of Oncology Nursing* 13 (2), 183-191.

Barrett, M. Countering compassion fatigue; www.realityrn.com/more-article/handling-stress/countering-compassion-fatigue/95.

Edmunds, M. Caring too much: Compassion fatigue in nursing; *Medscape* http:/www.medscape.com/viewaricle/732211.

Figley, C. (1995). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized.* New York: Brunner-Rutledge.

Figley, C. (1995). Florida State University *Traumatology Institute*, Tallahassee, Florida.

Figley, C. (2006) Compassion fatigue: An introduction; giftfromwithin.org/html/what-is-compassion-fatigue-dr-charles-figley,html.

Florio, C., (2010) Burnout & Compassion Fatigue.

Joinson, C. (1992). Coping with compassion fatigue. *Nursing*. 22(4), 116-120.

McHolm, F. (2006) Rx for compassion fatigue: *Journal of Christian Nursing* 23(4), 12-19. www.nursingcenter.com/prodev/ce_article_asp?tid=676963.

Murphy, K. (2010). Combating compassion fatigue Journals.lww.com/nursingmadeincrediblyeasy/fulltext/2010/07000/combating_compassion.

Smith, P. (2003) Compassion Fatigue Awareness Project www.compassionfatigue.org.

# INDEPENDENT STUDY

## "I've Fallen and I Can't Get Up" Compassion Fatigue in Nurses and Non-Professional Caregivers

This independent study has been developed to help nurses better recognize compassion fatigue in nurses and non-professional caregivers and how to manage it.

1.08 contact hours will be awarded.

The Ohio Nurses Association (OBN-001-91) is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Expires 12/2013

**DIRECTIONS**

1. Please read carefully the attached article entitled, "I've Fallen and I Can't Get Up" Compassion Fatigue in Nurses and Non-Professional Caregivers."
2. Then complete the post-test.
3. The next step is to complete the evaluation form and the registration form.
4. When you have completed all of the information, return the following to the **Indiana State Nurses Association, 2915 N. High School Road, Indianapolis, IN 46224 or emailed to ce@IndianaNurses.org**
   A. The post-test;
   B. The completed registration form;
   C. The evaluation form; and
   D. The fee: ISNA Member or LPN ($15)– NON ISNA Member ($25). Payment can be made online at www.IndianaNurses.org. "Make a Payment."

The post-test will be reviewed. If a score of 70 percent or better is achieved, a certificate will be sent to you. If a score of 70 percent is not achieved, a certificate will not be issued. A letter of notification of the final score and a second post-test will be sent to you. We recommend that this independent study be reviewed prior to taking the second post-test. If a score of 80 percent is achieved on the second post-test, a certificate will be issued.

If you have any questions, please feel free to call Zandra Ohri, MA, MS, RN, Director, Nursing Education, Ohio Nurses Association at 614 448-1027 (zohri@ohnurses.org) or Sandy Swearingen at 614-448-1030 (sswearingen@ohnurses.org.)

**OBJECTIVE**

Upon completion of this independent study, the learner will be able to:

1. Describe the difference between burnout and compassion fatigue.
2. Identify how the effects of compassion fatigue can have implications for the health care delivery system as a whole.
3. Identify strategies for dealing with compassion fatigue for both the nurse and non-professional caregiver.

This independent study was developed by: Janice Lanier, JD, RN. The author and planning committee members have declared no conflict of interest.

There is no commercial support or sponsorship for this independent study.

Disclaimer: Information in this study is intended for educational purposes only. It is not intended to provide legal and/or medical advice.

# "I've Fallen and I Can't Get Up"

## Compassion Fatigue in Nurses and Non-Professional Caregivers

# Post Test and Evaluation Form

**DIRECTIONS: Please complete the post-test and evaluation form. There is only one answer per question. The evaluation questions must be completed and returned with the post-test to receive a certificate.**

Name:_____

Final Score: _____

**Please circle or otherwise indicate the correct answer.**

1. Compassion fatigue is best defined as:
   a. A condition experienced only by nurses and other professional caregivers.
   b. A character flaw that arises when a caregiver does not have the resources needed to provide care to patients.
   c. A syndrome that includes physical, emotional, and psychological exhaustion that affects an individual's desire and ability to care for others.

2. Burnout is a sense of frustration or tiredness associated with a situation rather than an individual.
   a. True b. False

3. Compassion fatigue is likely to recur, but it can be effectively managed.
   a. True b. False

4. Compassion is a critical component of good nursing care and can seldom be a deterrent to good care.
   a. True b. False

5. Compassion fatigue has four stages: enthusiasm, empathy, overload, and withdrawal.
   a. True b. False

6. Nurses experiencing burnout are at greater risk for compassion fatigue.
   a. True b. False

7. A nurse is providing skilled care to a patient in the patient's home, and visits him every other morning. The patient's wife has been caring for her husband for over a year, and she is reluctant to leave the home even when the nurse is there. Which statement best describes the nurse's responsibilities in this scenario:
   a. The nurse is hired to care for the gentleman so the wife's needs are outside her areas of responsibility.
   b. The wife is an amazing caregiver and as such the nurse can rely on her to meet the patient's care needs.
   c. Because the wife is at risk for compassion fatigue, the nurse should discuss the syndrome with her and suggest some strategies for managing it.

8. A nurse who is experiencing unresolved compassion fatigue is at greater risk for errors in the workplace.
   a. True b. False

9. The costs of compassion fatigue include:
   a. Replacement costs to fill nursing staff vacancies
   b. Worker's compensation claims
   c. Organizational disruption
   d. All of the above

10. The first step in dealing with compassion fatigue is self-awareness.
    a. True b. False

11. Engaging in self-care means setting boundaries and saying "no."
    a. True b. False

12. Dealing with compassion fatigue at the organizational level entails systematically developing a series of strategies that can be used in every unit of the facility.
    a. True b. False

13. The practice of registered nursing is defined as:
    a. Providing skilled care in a clinical setting to individuals experiencing an alteration in their health status requiring the rendering of treatments and administration of medications at the direction of a physician.
    b. Providing medical care to individuals or groups that entails the use of special skills learned in nursing education programs.
    c. Providing to individuals and groups nursing care requiring specialized knowledge, judgment, and skill.

14. A nurse can contribute to a family member caregiver's compassion fatigue by failing to keep commitments to visit the patient at a set time.
    a. True b. False

15. Caring for a patient experiencing post traumatic stress disorder (PTSD) could result in the nurse developing vicarious trauma.
    a. True b. False

16. The Compassion Fatigue Awareness Project is a web-based resource that provides support for nurses and others experiencing compassion fatigue.
    a. True b. False

17. Which of these statements is accurate?
    a. Family member caregivers are seldom at risk for compassion fatigue because of their emotional connection to the patient.
    b. Family member caregivers will readily accept that compassion fatigue is an issue affecting them both physically and emotionally.
    c. Family member caregivers may experience compassion fatigue but are unlikely to be aware that it has a label and can be managed.
    d. None of the above.

18. A nurse experiencing compassion fatigue:
    a. Is at risk for substance abuse
    b. Is more likely to make medication errors
    c. May avoid intense patient situations
    d. All of the above
    e. None of the above

19. A nurse working in a rehabilitation center has been caring for a patient who suffered life-altering injuries as a result of a fire that destroyed his home. The patient also lost his two young children because he was unable to rescue them from the burning house. The nurse has two children who are the same ages as the patient's children. She has begun to try to avoid this patient and has complained to her co-workers that she is unable to sleep. Her irritability and short temper make others go out of their way to avoid her as much as possible. This nurse is most likely experiencing
    a. Burnout
    b. Vicarious trauma
    c. Stagnation
    d. Post traumatic stress disorder

20. A nurse manager who believes one of her staff nurses is experiencing compassion fatigue should:
    a. Initiate a discussion with this nurse about the possibility of compassion fatigue.
    b. Inquire as to what might be done to help this nurse deal with the kinds of patient situations he/she is encountering.
    c. Provide opportunities for the nurses on the unit to attend continuing education programs on compassion fatigue.
    d. None of the above because compassion fatigue is an inevitable result of being a nurse in a busy hospital, and it cannot be effectively managed.
    e. a, b, & c are correct

21. Non-professional family caregivers should be encouraged to:
    a. Make caring for themselves a priority
    b. Exercise
    c. Limit exposure to traumatic events shown on the media
    d. All of the above
    e. Only a & b are correct

22. Compassion is never a deterrent to good nursing care.
    a. True b. False

23. A home health nurse who regularly visits a severely disabled child notices that the mother, who is the child's 24/7 caregiver, is tense and quick to criticize. She appears angry and is neglecting her own appearance. The child's care needs are being met without fail; however, efforts to find respite care have been unsuccessful. The nurse should:
    a. Be aware that the mother is likely experiencing compassion fatigue that, if left unaddressed, could affect the child's health status.
    b. Talk with the mother about compassion fatigue and suggest they work together to develop self-care strategies.
    c. Be concerned but realize that her responsibilities extend only to the child and not the mother.
    d. a & b are correct

24. Compassion fatigue is more complex than burnout.
    a. True b. False

25. The increased prevalence of compassion fatigue could be due in part to staffing issues and economic concerns.
    a. True b. False

26. Compassion fatigue can affect the overall health care delivery system if :
    a. Nurses who experience compassion fatigue decide to leave nursing for another less stressful occupation.
    b. Experienced nurses are not available to mentor new graduates and help them adapt to the demands of patient care.
    c. Families or non-professional caregivers are unable to meet the demands of their loved ones care needs and consequently turn to institutionalized settings for that care.
    d. All of the above are correct
    e. Only b and c are correct

27. An individual experiencing compassion fatigue cannot maintain a healthy balance between empathy and objectivity.
    a. True b. False

28. Which statement is accurate?
    a. Policy makers are looking to non-institutional settings and non-professional caregivers to control rising health care costs
    b. Family caregivers always have the resources they need to meet the health care demands of their loved ones.
    c. The nursing shortage and the growing aging population are not factors to consider when analyzing the impact of compassion fatigue on health system needs.

29. If you can trace the stress being experienced by a caregiver to work conditions, time pressures, or personalities it is probably as result of compassion fatigue rather than burnout.
    a. True b. False

30. Compassion fatigue is best defined as a pathological condition that results from a caregiver's inability to manage his/her emotional responses to caring for patients.
    a. True b. False

# "I've Fallen and I Can't Get Up"

## Compassion Fatigue in Nurses and Non-Professional Caregivers

# Post Test and Evaluation Form

## Evaluation:

1. Were you able to achieve the following objectives?

| | Yes | No |
|---|---|---|
| a. Describe the difference between burnout and compassion fatigue. | ☐ | ☐ |
| b. Identify how the effects of compassion fatigue can have implications for health care delivery system as a whole. | ☐ | ☐ |
| c. Identify strategies for dealing with compassion fatigue for both the nurse and non-professional caregiver. | ☐ | ☐ |

2. Was this independent study an effective method of learning? If no, please comment: ☐ ☐

3. How long did it take you to complete the study, the post-test, and the evaluation form?

4. What other topics would you like to see addressed in an independent study?

### Compassion Fatigue in Nurses and Non-Professional Caregivers Registration Form

Name:_____
(Please print clearly)

Address: _____
Street

_____
City/State/Zip

Daytime phone number: _____

_____ RN _____ LPN

Fee: _____ ISNA Member/LPN ($15)
_____ Non-ISNA Member ($25)

**Please email my certificate to:**

_____
**Email Address (please print clearly)**

**MAKE CHECK PAYABLE TO THE INDIANA STATE NURSES ASSOCIATION.**

Enclose this form with the post-test, your check, and the evaluation and send to:
ISNA, 2915 North High School Road, Indianapolis, IN 46224.

Or email completed forms to ce@IndianaNurses.org. Payment may be made online at www.IndianaNurses.org "Make a Payment"

**ISNA OFFICE USE ONLY**

Date Received: _____
Amount: _____
Check No_____

# Indiana Association of Nursing Students

## New Board Members Elected at Annual Convention, March 24, 2012, Ball State University, Muncie

***(Bottom row L-R) René Depew, Faculty Advisor, University of Saint Francis, Isabel Manahan, Newsletter Editor, IU-Bloomington, Taylor Bradburn, Vice President, IU-Bloomington, Hannah Merriman, President, IU-Bloomington, Brianne Deuser, Secretary, Ball State University, Lauren Resendiz, Treasurer, IU-Bloomington, Brooke Delay, Bylaws and Policies Director, IU-Bloomington, and Adrienne Meier, Community Health/Disaster Preparedness, IU-Bloomington.***

***Not pictured: Loren Garza, Director of Membership, University of Southern Indiana, Kristin Mueller, Image of Nursing Director, Purdue University, and Cerelle McMullen, Newsletter Co-Editor, IU-Bloomington.***

***The top row (L-R) is the outgoing board: Hanna Moore, Membership Director, Courtney Hatheway, Newsletter Editor, Eric Kern, Vice President, Brittney Hoge, President, JoAnna Martin, Newsletter Co-Editor, Natasha Bertsch, Image of Nursing Director, Sarah Empson, Secretary/Treasurer, and Emily Tolliver, Director of Bylaws and Policies.***

# Nursing Practice Question:

## Is Texting/Receiving Patient Information a HIPAA Rules Violation?

***By Therese Clinch, MSN, RN, Practice Director, Texas Nurses Association***

A growing trend in health care today practice of physicians texting patient information–specifically, texting orders to other physicians, independent licensed practitioners, and nurses in hospitals or other health care settings. Sure, it's a fast, convenient method for physicians to relay information and orders, but is it legal?

The answer is **No**. Texting patient information is not legal unless the text messages are transmitted through a secure and encrypted network.

According to the Joint Commission[1], it is not acceptable for physicians or licensed independent practitioners to text patient information or patient orders to nurses, physicians, licensed independent practitioners in the hospital or other health care setting. The reasons:

- Text messages do not provide message recipients with the ability to verify the identity of the person sending the text, and
- There is no way to keep the original text message as validation of what is entered into the medical record.

This practice of sending/receiving text messages of patient inform can lead to HIPAA violations for the hospitals or health care settings, and the person or persons who accept and act upon the texted messages of patient information or orders. The violations can range from civil law suits to criminal suits resulting in fines up to $50,000 and up to one-year imprisonment for any person who knowingly obtains or disclosed individually identifiable patient health information.[2]

The *Standards for Privacy of Individually Identifiable Health Information*, the "Privacy Rule" that implements the requirement of the Health Insurance Portability and Accountability Act of 1996, establishes the protection of certain health information. As is explained by the U.S. Department of Health & Human Services HIPAA Privacy Rule:

*"A major goal of the Privacy Rules is to assure that individuals' health information is properly protected while allowing the flow of health information needed to provide and promote high quality health care and to protect the public's health and well being. The Rule strikes a balance that permits important uses of information, while protecting the privacy of people who seek care and healing. Given that the health care marketplace is diverse, the Rule is designed to be flexible and comprehensive to cover the variety of uses and disclosures that need to be addressed."*

The nurse's duty is to ensure patient safety and security of patient information in the workplace. Nurses need to know their workplace's policies or protocols on the texting of patient information. Most of all, nurses must report any repeated violations related to this practice through the workplace's chain of command to ensure that no HIPAA violation occurs.

If the practice of texting patient information other than over a secure and encrypted network is going on in your workplace, it's your responsibility to immediately notify your supervisor.

***References***

1. The Joint Commission (2011), Standards Frequently Asked Questions (FAQs) on 11/ 23/2011 from www.jointcommission.org/standards.

2. US Department of Health and Human Services (2011), HIPAA rules access on 12/6/2011 from www.hhs.gov/ocr/privacy/hipaa.