FACTORS ASSOCIATED WITH COMPASSION FATIGUE SYNDROME AMONG NURSES – AN INTEGRATIVE REVIEW PROTOCOL

Lakshmi G*, Cherupushpam PJ (Sr Cherupushpam FCC)**, Dr Rajesh G Konnur***

*Professor, Amala College of Nursing, Thrissur, Kerala, India.
**Associate Professor, Amala College of Nursing, Thrissur, Kerala, India.
***Professor, Kurji Holy family College Of Nursing, Patna, Bihar, India.

DOI: http://doi.org/10.47211/trr.2020.v06i01.010
Received 10th April 2020, Accepted 25th May 2020, Available online 25th June 2020.

ABSTRACT

An integrative review is method that summarises past empirical or theoretical literature to provide a more comprehensive understanding of a particular phenomenon of health care problems; hence it is best suited for nursing science. A systematically formulated review aids in building, nursing science, practice and policy initiatives. The authors prepared a protocol on integrative review using six steps for the condition of compassion fatigue syndrome among staff nurses. The objective of the review is to discuss the factors contributing to compassion fatigue syndrome among staff nurses using integrated review, the anticipated time period is 3 months.

Key words: Compassion Fatigue Syndrome, Protocol, Integrative Review, Nurses.
INTRODUCTION

Levin defines ‘compassion’ as a basic central value that is combined with the complication of emotions. The phenomena of compassion is dependent on an individual’s capacity to develop a compassionate mentality and orientation involving such attributes as attention, awareness, motivation, wisdom, commitment and courage. Compassion fatigue is a concept which has gained considerable attention over the past couple of decades as the challenges of working in the health professions have become manifest.

Compassion fatigue has been vicariously referred to as secondary traumatic stress, vicarious trauma, burnout and victimisation, among others. Inconsistent use of terminologies generates ambiguity and lack of clarity. Compassion fatigue (CF) has been variously defined, and the related concepts of Burnout, Secondary Trauma Syndrome and vicarious traumatisation (VT) are often used interchangeably and incorrectly to describe the phenomenon. BO and STS are related to CF, but as defined by Stamm, they are two distinct outcomes of exposure.

Many definitions have been offered for compassion fatigue, a term introduced by Joinson (1992) and later developed by Figley (1995). Compassion fatigue has been variably interchanged with secondary traumatic stress, secondary traumatic stress disorder, vicarious stress and burnout, creating conceptual confusion.

Burnout arises from an assertiveness-goal achievement response and occurs when an individual cannot achieve his or her goals and results in “frustration, a sense of loss of control, increased wilful efforts, and diminishing morale” but Secondary Traumatic Syndrome arises from a rescue-caretaking response and occurs when an individual cannot rescue or save someone from harm and results in guilt and distress. Subsequently, Secondary Traumatic Syndrome and Burnout lead to Compassion Fatigue if the aforementioned symptoms are not mediated by a third, equally important concept of compassion satisfaction (CS). Compassion Fatigue and Compassion Satisfaction can be seen as the positive and negative consequences of working with individuals who have experienced or are currently experiencing trauma or suffering thus increasing the significance of building resiliency and the transformation from negative to positive aspects.

![Fig 1 the two edges of caring continuum compassion satisfaction vs. compassion fatigue](image)

**Defining and identifying risk for compassion fatigue**

The most commonly used definition of Compassion Fatigue was developed by Figley “a state of exhaustion and dysfunction biologically, psychologically, and socially as a result of prolonged exposure to compassion stress and all it invokes”.

Lynch and Lobo defined the attributes of Compassion Fatigue as an established relationship between the caregiver and the patient/client all associated with the caregiving role and the psychological and physical responses it arouses.

Yoder et al. Identified triggering events based on nurses taking care of patients who were experiencing serious life-threatening situations and cases involving futile or palliative care. Lynch and Lobo [also identified system...
issues or organisational factors, such as physical and emotionally demanding assignments and extra work days as risk factors for Compassion Fatigue.

Empathy is vital to the development of Compassion Fatigue, as the caregiver must have the ability to perceive and understand what their patient/client is experiencing and be able to communicate this understanding. Finally, the psychological response to the conflicting elements of empathy and suffering provides the foundation for on-going stress and subsequent Compassion Fatigue. Hence Compassion Fatigue results from “the change in empathetic ability of the caregiver in reaction to the prolonged and overwhelming stress of caregiving.”

The Compassion Fatigue Process (Figley, 2001)

Consequences of compassion fatigue
Specific consequences as a result of compassion fatigue include sleep disturbance, hyper vigilance, fear, anxiety, difficulty concentrating, physical sensations such as tight muscles, feeling burdened, fatigued and overwhelmed with hopelessness and isolation resulting, along with disengagement (Figley, 1995). Other reported consequences include disconnectedness, decreased sense of fulfilment, spiritual emptiness, helplessness, dissatisfaction and a lack of motivation. Compassion fatigue has also been identified as a factor in patient safety, as well as accidents and poor quality of care, and is believed to exact a toll on organisational structure and costs.

In summary, compassion fatigue has largely been viewed as a temporal process that is the result of a cascade of events with intense, prolonged exposure. Given the multiple challenges and demanding circumstances which face nurses in practice, compassion fatigue is likely to be a far more common phenomenon than might be acknowledged. However, there has never been a systematic study of its prevalence or the extent to which nurse’s experience compassion fatigue and how that might vary with individual characteristics and practice setting.

Description of methodology
Integrative review
A review method that summarizes past empirical or theoretical literature to provide a more comprehensive understanding of a particular phenomenon or healthcare problem (Broome 1993). Integrative reviews, thus, have the potential to build nursing science, informing research, practice, and policy initiatives.

Purposes
An integrative review is best designed for:
- Nursing
- review experimental and non-experimental research simultaneously
  - to define concepts
  - to review theories
Integrative review is the most comprehensive methodological approach of reviews, and it allows including experimental and non-experimental studies to fully understand the phenomenon analyzed. It also combines data from theoretical and empirical literature, and has a wide range of purposes, such as definition of concepts, review of theories and evidence, and analysis of methodological problems of a particular topic. The broad sample, together with multiple proposals, should create a consistent and comprehensive panorama of complex concepts, health theories or problems that are relevant for nursing.

PHASES OF AN INTEGRATIVE REVIEW

- Preparing the guiding question
- Searching/sampling the literature
- Data collection
- Critical analysis of studies
- Discussion of results

Preparing the guiding question
Defining the guiding question is the most important phase of the review, because it determines which studies will be included, the means adopted for identification and information gathered in each selected study. Hence, it includes the definition of participants, the interventions to be evaluated and the results to be measured.

Guiding question in the present protocol
What are the factors associated with compassion fatigue syndrome among nurses?

Definition of participants
All studies published 2010 to 2020 which study the compassion fatigue syndrome among nurses will be analysed.

Interventions to be evaluated
A convergent synthesis of qualitative, quantitative, and mixed methods studies... The review will follow the guidelines for integrative reviews and the proposed methods will adhere to the PRISMA statement checklist complemented by the ENTREQ framework. As qualitative synthesis are emergent, all procedures and changes in procedure will be documented.

Searching/sampling the literature
The aim of the literature review was to retrieve all relevant studies and not just a sample. Data bases which were searched included Web of Science, CINAHL, PubMed, EMBASE, Google Scholar, and PsycInfo. Search terms will include “quantitative” “qualitative” “mixed methods” “nurses”, “compassion fatigue”, “secondary traumatic stress” and “vicarious stress”.

Data collection
Inclusion criteria
- Studies of quantitative and qualitative /mixed methods designs performed on nurses regarding compassion fatigue syndrome
- Studies conducted between 2010 to 2020

Exclusion criteria
- Studies not meeting the methodological rigor
- Studies in languages other than English
The following proforma will be used to screen and select studies:

**Data screening tool for factors associated with compassion fatigue syndrome among nurses**

### IDENTIFICATION DATA

| Title of the study |  |
|--------------------|---|
| Title of the journal with indexing details |  |
| Name & details of authors |  |
| Country |  |
| Language |  |
| Year of publication |  |

### Details of study

| Institutional data |  |
|--------------------|---|
| Type of publication |  |
| Methodological details |  |
| Objectives |  |
| Results with effect size |  |
| Methodological rigor of the study |  |

After collecting data in the above format the studies will be critically analysed for the rigor, according to objective ad inclusion criteria and results will be critically analysed tabulated and presented.

### CONCLUSION

Nurses provide a number of specific functions, but “the essential product they deliver is they). The requisite behaviours essential for caring practice include presence, sharing, support and competence, with a resulting uplift from the effects of caring.

### REFERENCES

1. Whittemore R, Knaf K. The integrative review: update methodology. J Adv Nurs. 2005;52(5):546-53
2. Dasan, S., Gohil, P., Cornelius, V., & Taylor, C. (2015). Prevalence causes and consequences of compassion fatigue in emergency care: A mixed-methods study of UK NHS consultants. Emergency Medicine Journal, 32, 588–59
3. Edoux, K. (2015). Understanding compassion fatigue: Understanding compassion. Journal of Advanced Nursing, 71(9), 2041–2050
4. Knobloch Coetzee, S., & Klopper, H. C. (2010). Compassion fatigue within nursing practice: A concept analysis. Nursing & Health Sciences, 12, 235–24
5. Austin, W., Goble, E., Leier, B., & Pyrne, P. (2009). Compassion fatigue: The experience of nurses. Ethics and Social Welfare, 3(2), 195–214
6. Beck C. T. (2011). Secondary traumatic stress in nurses: A systematic review. Archives of Psychiatric Nursing, 25(1), 1–10