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# **Compassion Fatigue**

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### **ABSTRACT**

Compassion fatigue, also known as secondary traumatic stress disorder, occurs from repeated exposure to people who experience trauma. It is often confused with burnout, but while burnout is due to stress at work, compassion fatigue is due to emotional exhaustion by helping others in distress. This condition is particularly common in health care professionals, social workers, emergency managers and those caring for survivors of trauma. Symptoms include cognitive, emotional, behavioural, spiritual and physical distress that may impair daily functioning. Risk factors include the history of personal trauma, lack of social support, and high level of professional stress. Effective treatment involves self-care, professional support, balanced work and family integration and institutional strategies to promote resilience among caregivers. Addressing the fatigue of compassion through awareness, adaptation strategies and organizational interventions is essential to the well-being of those who support traumatized survivors.

**Key words:** Compassion fatigue, Stress disorder, Burnout, Mental health, Health care providers, trauma.

### **INTRODUCTION**

Secondary traumatic stress disorder is another name for compassion fatigue. It is a type of traumatic stress disorder brought on by exposing traumatized people repeatedly. We suffer from stress or trauma when we automatically assist others. Burnout is always confused with compassion fatigue. It indicates a certain level of weariness or discontent, which could be brought on by the demanding environment or workplace. At least momentarily, it will impair one's capacity to perform daily tasks. Research indicates that moderate to severe mood fluctuations might result from prolonged stress. It is prevalent among trauma survivors and those who provide direct care to trauma survivors, such as psychologists and nurses.

Compassion fatigue, according to Figley (1996), is a state of tension and obsession with a client's individual or cumulative trauma that shows up in one or more ways, such as reliving the traumatic event, numbing from avoiding reminders of the traumatic event, or persistent arousal, along with the additional effects of cumulative stress.

In addition to rape-related family crises and proximity effects on female partners of war veterans, other conditions that are associated with compassion fatigue include secondary victimization, secondary traumatic stress, vicarious traumatization, and secondary survivor. In certain writings,

compassion weariness has been referred to as a type of burnout. It is frequently misinterpreted as a persistent feeling of exhaustion or discontent.

In actuality, burnout is a form of exhaustion that can be brought on by a demanding work environment, a lack of resources, or working excessive hours. Compassion fatigue may momentarily impair your ability to perform daily tasks or perform your job.

Research indicates that prolonged stress might cause mild to severe mood fluctuations. Compassion fatigue brought on by stress can have an impact on both your body and psyche. Inability to focus, which prevents you from being productive in both your personal and professional life. Chronic stress can impair memory and cause you to lose focus at work. [1-3]

### **Risk Elements**

- Both personal family members and professionals acquaintances and co-workers of trauma survivors.
- Social workers who are psychologists.
- Disaster relief workers who are lawyers, emergency service personnel, doctors, psychiatrists, nurses, police, crisis phone line agents and shelter employees.
- Primary care physicians who treat patients who are near death.
- Those who provide care for dependents and those with institutionalized clients.
- Child welfare workers' and psychotherapists' personal trauma histories among female psychologists and violence counsellors.
- Mental health practitioners who assist victims of sexual assault.
- Overly meticulous perfectionists and self-sacrificing individuals.
- Insufficient social support or excessive stress in one's personal life.
- Past trauma experiences that resulted in poor coping mechanisms.

## Signs and symptoms

## Mental:

Reduced stiffness, indifference, and concentration confusion, denial, and preoccupation with trauma.

### **Emotional:**

Helplessness, numbness, fear, guilt, rage, worry, and powerlessness. Sadness, shock, having disturbing dreams that resemble those of the sufferer.

### Behavioural

Withdrawn irritably moody nightmares and poor sleep appetite isolation.

## **Spiritual**

Wondering what the purpose of life is despair loss of faith, loss of purpose, and doubting of religious

beliefs.

### Somatic

Sweating and a fast heartbeat, trouble breathing, pains and aches, headache, dizziness and immune system impairment due to inadequate self-care.

### **Treatment**

The doctor will refer you to a psychologist or psychiatrist who specializes in trauma, and they may address any physical symptoms you may be experiencing.

### Common treatments include:

- Prioritizing self-care is essential.
- Encourage a nutritious diet.
- Ensure adequate hydration by drinking plenty of water.
- Maintain a regular sleep schedule.
- Stay active and cultivate a positive mindset.
- Incorporate yoga and meditation into your routine.
- Consider relaxation massages.
- Engage in regular physical exercise.
- Strive for a balance between personal and professional life.
- Identify your priorities and activities.
- Seek professional assistance when necessary.
- Maintain an optimistic outlook.
- Develop strength and resilience.
- Address compassion fatigue among staff and management.
- Foster an open environment that promotes mutual support among employees. –
- Encourage staff to communicate more openly.
- Educate employees on recognizing the signs of compassion fatigue.
- Distribute important tasks among team members.
- Allocate time for social interactions.
- Promote healthy self-care practices, including proper nutrition, sufficient sleep, and regular work breaks.
- Acknowledge and celebrate employee efforts.
- Provide flexible working hours.
- Coping strategies
- Practice mindfulness throughout the day by being aware of your thoughts, feelings, and

physical sensations.

- When you begin to feel anxious, assist yourself in calming down by concentrating on your breath and reducing your breathing rate.
- If you feel overwhelmed and lacking control, take a moment to reflect on what you have control over and what you can change.
- Establish a good self-care routine that incorporates healthy eating, increased exercise, and sufficient sleep.
- Reach out to others for support; it may be your friends or family.
- Always stay connected with your loved ones.

### REFERENCE

- [1] Paiva-Salisbury, M. L., & Schwanz, K. A. (2022). Building Compassion Fatigue Resilience: Awareness, Prevention, and Intervention for Pre-Professionals and Current Practitioners. Journal of health service psychology, 48(1), 39–46. https://doi.org/10.1007/s42843-022-00054-9.
- [2] Circenis, K., Millere, I., Compassion Fatigue, Burnout and Contributory Factors Among Nurses in Latvia, Procedia Social and Behavioral Sciences, Volume 30, **2011**, 2042-2046, ISSN 1877-0428, https://doi.org/10.1016/j.sbspro.2011.10.395.
- [3] Sinclair, S. S., Raffin-Bouchal, L. V., Mijovic-Kondejewski, J., Smith-MacDonald, L. Compassion fatigue: A meta-narrative review of the healthcare literature, International Journal of Nursing Studies, Volume 69, **2017**, 9-24, ISSN 0020-7489, https://doi.org/10.1016/j.ijnurstu.2017.01.003.
- [4] Yin, J., Zhao, L., Zhang, N., & Xia, H. (2024). Understanding the interplay of compassion fatigue and moral resilience on moral distress in ICU nurses: a cross-sectional study. Frontiers in public health, 12, 1402532. https://doi.org/10.3389/fpubh.2024.1402532.
- [5] Garnett, A., Hui, L., Oleynikov, C., & Boamah, S. (2023). Compassion fatigue in healthcare providers: a scoping review. BMC health services research, 23(1), 1336. https://doi.org/10.1186/s12913-023-10356-3.
- [6] Almadani, A. H., Alenezi, S., Algazlan, M. S., Alrabiah, E. S., Alharbi, R. A., Alkhamis, A. S., & Temsah, M. H. (2023). Prevalence and Predictive Factors of Compassion Fatigue among Healthcare Workers in Saudi Arabia: Implications for Well-Being and Support. Healthcare (Basel, Switzerland), 11(15), 2136. https://doi.org/10.3390/healthcare 11152136.
- [7] Brito-Pons G., Librada-Flores S. Compassion in palliative care: A review. Curr. Opin. Support. Palliat. Care. **2018**; 12:472–479. Doi: 10.1097/SPC.00000000000393.
- [8] Potter P., Deshields T., Rodriguez S. Developing a systemic program for compassion fatigue. Nurs. Adm. Q. **2013**; 37:326–332. Doi: 10.1097/NAQ.0b013e3182a2f9dd.