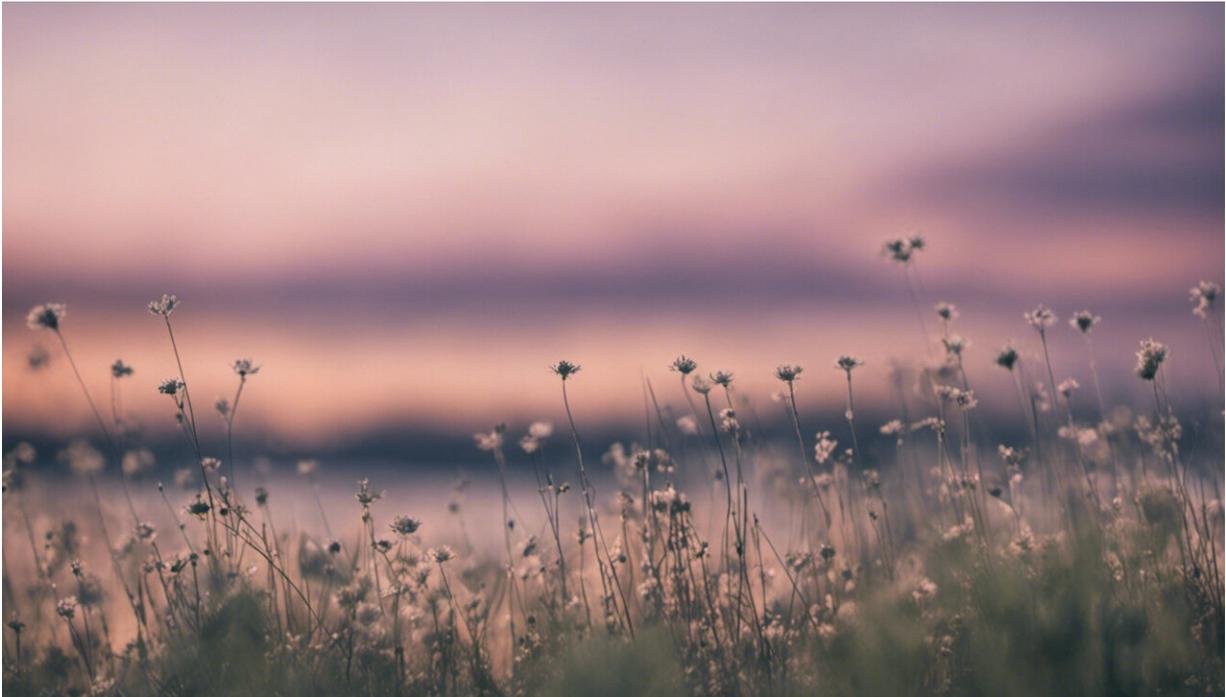


# Stressed? Running on empty? It's not compassion fatigue

July 11 2017, by Shane Sinclair

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Credit: AI-generated image ([disclaimer](#))

A 71-year-old man with advanced dementia is being wheeled into his residential care home by two paramedics after a scheduled MRI. They notice him smile as he feels the warmth of the morning sun on his usually forlorn face. They decide to stop and let him soak up the rays for a few more minutes, knowing this may be one of his last opportunities to

do so.

What is the impact of this compassionate act on this patient? What is the cost for the health-care providers?

The story we are told is that [compassion](#), which is [increasingly demanded within health care](#), is finite. Health-care providers are finding it increasingly difficult to provide it—in the midst of growing patient workloads, paperwork, institutional demands and workplace stress. Like cars, when health-care providers use this fuel in their work, they run the risk of [depleting their compassion "gas tanks"](#) in the process.

The result: compassion [fatigue](#).

But what if compassion fatigue is a myth? As an associate professor in the Faculty of Nursing at the University of Calgary, my research has focused on [finding ways to improve compassionate care](#) within health care. Members of [my compassion research lab and colleagues](#) across Canada have [examined the concept of compassion fatigue](#) within health-care research.

We found no evidence that there is anything especially tiring about compassion. We discovered that the very idea of compassion fatigue causes health-care providers to mistakenly guard this precious commodity. It also distracts from the very real challenges of occupational stress.

## **Cost of caring?**

Our research revealed that compassion fatigue was originally conceptualized as the "cost of caring." The argument is this: the more that health-care providers are exposed to traumatic patient situations, the more their compassion is eroded. In other words, loss of compassion is

an inevitable outcome of caring.

Over time, a second, more pervasive, understanding emerged. This views compassion itself as the cause of fatigue, rather than a symptom of occupational stress. Seen this way, expressions of compassion, in and of themselves, cause compassion fatigue.

As a result, health-care providers become susceptible to suffering from the very thing that their patients need. Ironically, this leaves us in a quandary, a vicious cycle, a supply-demand glut that itself perpetuates the problem—namely, as the demand for compassion by patients increases, health-care providers are required to expend this apparent finite resource.

This also implies that there is something unique about compassion that makes it much less "fuel efficient" and potentially more harmful to health-care providers than standard forms of care or even expressions of apathy.

This has consequences for health-care delivery. It encourages an approach in which health-care providers mistakenly guard this precious commodity. They face a dilemma—to provide patients with the compassion they want (and jeopardize themselves in the process) or leave patients' needs unmet.

Much like protectionist governments who try to protect their internal resources and economies out of fear that they will be disadvantaged if they extend them beyond their borders, compassion fatigue implies that expending too much compassion to others will be detrimental to health-care providers' own wellbeing.

## **Traumatizing care-giving?**

In our review of the literature, we also discovered the term "compassion fatigue" originated in the field of crisis counselling. It was first used to describe secondary traumatic stress experienced by counsellors working with trauma victims. It was adopted into mainstream health care to provide a more sympathetic, less stigmatizing, term for burnout and secondary traumatic stress.

The result is that all care-giving is potentially traumatic. And health care is given a special status in comparison to other occupations, where stress and burnout are attributed to factors such as poor work-life balance, increased workload and lack of support.

Transplanting compassion fatigue from the field of secondary traumatic stress and applying it broadly to health care not only equates all care-giving as potentially traumatic, but gives occupational stress among health-care providers special status in comparison to other occupations.

How exactly this occurs is not clear either. Patients have [defined compassion](#) as "a virtuous response that seeks to address the suffering and needs of a person through relational understanding and action." But it is not clear which of these key ingredients of compassion cause compassion fatigue or are more vulnerable to compassion fatigue. As a result, [research measures, indicators and interventions](#) for compassion fatigue rest on a somewhat fragile foundation.

## **A stimulus for health-care renewal?**

The idea of compassion fatigue has negative consequences. For health-care providers, it distracts from the very serious, multifaceted issues of occupational stress that they face on a daily basis. It also implicates them unfairly as the problem in the process. And it suggests that there is something inherently lacking within health-care providers themselves.

What's more, if there was a link between [compassion fatigue](#) and provision of compassion, then health-care providers should be some of the least compassionate individuals in society. This conclusion is not supported by research or by patients. In over 13 years of clinical experience the vast majority of health-care providers I have had the privilege of working with would warmly welcome greater opportunities to provide compassionate care.

Instead, the focus should be on developing compassionate health-care systems to support these individual health-care providers.

Compassion should be re-conceptualized as a health-care stimulus—renewing our health-care systems from the inside-out, sustaining [health-care](#) providers and meeting an important patient need in the process.

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