



Expert Tips to Combat Compassion Fatigue

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Nurses are called upon to care for and show compassion to patients day after day. It is not uncommon for a nurse to have to put aside the painful circumstances of one patient in order to provide cheerful care to the next, often with no time to deal with his or her own emotions in between. All of this giving and all these emotional ups and downs can be draining. As nurses care for others without taking time to care for themselves they often will experience compassion fatigue.

“When a caregiver begins to suffer the symptoms of compassion fatigue, he or she will instinctively know ‘something is wrong,’” noted Patricia Smith, founder of the Compassion Fatigue Awareness Project and a certified compassion fatigue specialist.

“Compassion fatigue can be an insidious thing. You might feel lethargic and like you’ve got nothing left to give. There is no joy

in your work anymore,” added Kim Richards, RN, founder, The Self-Care Academy.

The main remedy for compassion fatigue is self-care. This prescription may feel daunting to a nurse who isn’t used to making time for herself, but Richards says nurses need to broaden their view of what it means to care for themselves; it can be simple things like taking a multivitamin or drinking enough water.

“The place to start is to get some rest—just spending some time alone,” said Richards. “Of course exercise is great because it releases endorphins and will increase your energy level. But everybody needs to know what brings them joy. What is it that they love to do, but have put on the back burner in order to meet everyone else’s needs? They need to figure out what reignites their spirit and reconnects them with why they got into nursing in the first place.”

For the deeply fatigued nurse, Smith recommends reducing the demands of life.

“Once the symptoms are labeled ‘compassion fatigue,’ it is imperative that a nurse take some time to restore his or her resources. This includes mental, physical, emotional and spiritual resources. If possible, taking time away from the job of care-giving is the best possible solution,” suggested Smith. “But for many, that option doesn’t exist. Talking with the nursing supervisor might be a way to check out some options that will provide additional time for self-care. Can he or she go part time for a while? Cut back on hours? Job share with a colleague? It is also important for a nurse to check in with family members. Are there chores at home that another family member can help with? Are there funds to bring in a sitter to help with the children?”

For a nurse in the early stages of compassion fatigue, some simple healthy lifestyle choices can go a long way toward staving off fatigue, such as eating well, developing one’s spirituality, or taking some time for quiet reflection during the transitions to and

from work.

Richards is developing a website tool that will launch in April called My Self-Care Journey. This low-cost tool will provide nurses with a compassion fatigue assessment that will reveal their strengths and weaknesses in five key areas: emotional, physical, spiritual, choices and relationships. The tool, which is downloadable to a computer or handheld device, then walks users through creating a plan of five commitments they will make to themselves to increase their self-care. Users can receive text or e-mail reminders about their commitments, track their progress and periodically retake the assessment.

Another tip both Richards and Smith recommend is to rally co-workers to fight compassion fatigue together.

“Once there is an awareness of compassion fatigue and how it can devastate the life of a nurse, co-workers will often join forces to be sure they support one another, particularly following any traumatic events,” reflected Smith. “Working together to improve the workplace is one of the best things nurses can do to lower compassion fatigue levels. The higher the compassion satisfaction, which is the satisfaction we derive from the work we do, the lower the compassion fatigue levels.”

“Mid-level managers, especially, need to be supportive if their nurses begin working toward creating a more healthy and sustainable environment,” remarked Richards. “If nurses are happy at work, if they feel connected to their co-workers and patients, they will be great nurses and be willing to go the extra mile. But if they don’t feel that connection they will leave. We became nurses because we care about people and if we don’t feel like we are making a difference, we aren’t going to keep doing it.”

“When self-care practices are in place, nurses will begin to feel energized, positive, and whole. They will feel blessed to be able to offer compassionate care to those in their care. There will be a

sense of happiness instead of the isolation, sadness and apathy that compassion fatigue can cause,” Smith concluded.

*Patricia Smith is a certified Compassion Fatigue Specialist with 20 years of training experience. As founder of the Compassion Fatigue Awareness Project© (www.compassionfatigue.org), the outreach division of Healthy Caregiving, LLC, she writes, speaks and facilitates workshops nationwide in service of those who care for others. She has authored several books including *To Weep for a Stranger: Compassion Fatigue in Caregiving*, which is available at www.healthycaregiving.com or Amazon.com.*