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## Compassion Fatigue: A Concept Analysis

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Compassion Fatigue: A Concept Analysis

Systems Change Project  
Submitted in Partial Fulfillment  
of the Requirements for the Degree of  
Doctor of Nursing Practice

St. Catherine University  
St. Paul, Minnesota

Christy Morton Secor

December 2015

ST. CATHERINE UNIVERSITY  
ST. PAUL, MINNESOTA

This is to certify that I have examined this  
Doctor of Nursing Practice systems change project  
written by

*Christy Morton Secor*

and have found that it is complete and satisfactory in all respects,  
and that any and all revisions required by  
the final examining committee have been made.



Faculty Project Advisor

December 2015

DEPARTMENT OF NURSING



### Compassion Fatigue: A Concept Analysis

The foundation of the profession of nursing is caring. Nurses have led in Gallup polls as the most trusted profession in both honesty and ethical standards (Riffkin, 2014). This rating has been true every year since their inclusion to the survey in 1999 except in 2001, the year of the 9/11 attacks, when firefighters were named the most trusted profession (Riffkin, 2014). The public's trust is well-founded.

Nurses provide care for patients, families, and communities during times of stress, acute and chronic illness, trauma, and end-of-life in diverse environments. Nurses seek to form a relationship of trust whether in the home or in highly specialized intensive care units. They advocate, educate, and implement strategies to promote health (American Nurses Association, 2015). Nurses have the opportunity as well as the burden of interacting with others when they are the most vulnerable. They are expected to provide personalized, holistic patient-centered care that is both age and culturally appropriate. Providing care to meet the unique needs of patients who face difficult situations is a stressful reality within a nurse's scope of practice.

Nurses witness the pain, trauma, and suffering of others. It is not unusual for a nurse to provide care for an individual who is at end-of-life and then transition to care for a patient who has recently returned from surgery. They work in highly technical environments where change is constant.

Workplace violence is a growing concern with studies showing alarming rates of physical and verbal violence. The Occupational Health Safety Network (OHSN) noted that workplace violence injury rates almost doubled for nurses between the years 2012 to 2014 (Centers for Disease Control and Prevention, 2015).

Nurses must also meet increasing quality and regulatory standards. Long hours led to fatigue at times when units may also be short-staffed (National Patient Safety Foundation, 2013). Nurses understand care can impact patient satisfaction and readmission rates – both which have financial consequences for hospitals. Regardless of the workplace environment, nurses are expected to provide compassionate, patient-centered care in a way that best meets the needs of the patient. Caring for patients represents a polarity. Nurses are called to care for others. Yet the very nature of the work nurses do can place them at risk for compassion fatigue. Developing strategies to address compassion fatigue may improve the nurse's ability to be more successful both personally and professionally. The literature was examined to better understand compassion fatigue among nurses as well as strategies being used to reduce its effect on professional practice.

### **Data Collection**

This author conducted a literature review using CINAHL Plus with full text, MEDLINE, EBSCO Mega FILE, Health Source: Nursing / Academic Edition, and Health and Psychosocial databases using the key words of “compassion fatigue” and “nursing.” Initially, 574 articles were returned. Additional limiters were applied including peer-reviewed journals published between 2010 to 2015 and written in English in the United States of America. This decreased the number of articles to 58. Fourteen articles were further excluded from the list because they represented book reviews, letters to the editor, or editorials. Also omitted from review, one article was repeated twice and one article focused on nursing outside the United States. These exclusions decreased the list of studies for the literature review to 44 articles.

### **Historical Context**

The use of the term compassion fatigue is a fairly recent terminology. Joinson first used the term in 1992 (Boyle, 2011). Compassion fatigue was described by Joinson as a nurse's

inability to ‘nurture’ or care for patients (Boyle, 2011). This phenomenon was being experienced by nurses in the emergency department who were being ‘worn down’ by the needs of their patients.

Throughout the literature, researchers have taken different perspectives on the concepts of compassion fatigue and burnout. Some see these concepts as related while others differentiate between the terms (Boyle, 2011; Hunsaker, Chen, Maughan, & Heaston, 2015; Neville & Cole, 2013; Romano, Trotta, & Rich, 2013; Yoder, 2010; Zander, Hutton, & King, 2010). Both compassion fatigue and burnout lead to a loss of the nurse’s empathy and ability to care wholly for the patient. Studies have shown that compassion fatigue and burnout led to poorer patient outcomes, decreased job satisfaction, and difficult work environments (Branch & Klinkenberg, 2015; Fetter, 2012; Flarity, Gentry, & Mesnikoff, 2013; Grafton, Gillespie, & Henderson, 2010; Hinderer et al., 2014; Hooper et al., 2010; Hunsaker, Chen, Maughan, & Heaston, 2015; Jenkins & Warren, 2012; Li et al., 2014; Marcial et al., 2013; Potter et al., 2010; Potter et al., 2013; Wentzel & Brysiewicz, 2014; Young, Cicchillo, & Bressler, 2011). Joinson postulated that compassion fatigue was an unconscious protective mechanism used by caregivers to protect themselves from the stresses of patient care (Yoder, 2010).

Appearing repeatedly in the literature on compassion fatigue, Figley’s work in 1995 was the first to describe compassion fatigue as ‘the cost of caring’ where the nurse lost a sense of self and the ability to empathize as a result of caring for others (Beck, 2011). Figley noted the related contributions of burnout and secondary traumatic stress in the development of compassion fatigue (Beck, 2011). Figley also described compassion fatigue as a form of burnout (Potter et al., 2010). This view of compassion fatigue as the result of burnout and secondary traumatic stress was also supported by Stamm (Flarity, Gentry, & Mesnikoff, 2013). Secondary traumatic

stress disorder was a term Figley used interchangeably with compassion fatigue (Beck, 2011). Figley defines secondary traumatic stress disorder as feelings of helplessness and isolation nurses experienced that may or may not have been connected to actual events (Beck, 2011; Potter, Deshields, & Rodriguez, 2013). Figley later referenced compassion fatigue as a “traumatizing emotional state” that occurs as a result of the suffering nurses witness while caring for their patients (Fetter, 2012; Hunsaker, Chen, Maughan, & Heaston, 2015; Lombardo & Eyre, 2011; Potter et al., 2013; Sacco, Ciurzynski, Harvey, & Ingersoll, 2015). Figley compared the nature of compassion fatigue to post-traumatic stress disorder (PTSD) and noted that compassion fatigue carries physical, mental, spiritual, and social consequences for the nurse (Flarity, Gentry, & Mesnikoff, 2013; Hinderer et al., 2014; Li et al., 2014). Similar to Joinson, Figley stated that compassion fatigue was a coping mechanism used by nurses to deal with the emotional cost of caring for patients (Hunsaker, Chen, Maughan, & Heaston, 2015).

Is compassion fatigue a coping skill used by nurses in order to continue to work within a specific environment or the end result of working in that environment? Would the difference between these two perspectives change the strategies implemented to alleviate compassion fatigue? This author proposes compassion fatigue to be the result of nurses who are emotionally insulating themselves in what has evolved to be a negative, self-defeating process. Early interventions can reverse this process before it becomes more complex with time. This author has described this phenomena to nursing students as ‘protective layers’ nurses apply so that they are no longer hurt by the trauma and suffering they witness and experience with patients. Nurses and nurse managers who recognize this phenomenon early on can provide needed support and self-care strategies which can enable the nurse to continue practice in a way that demonstrates



care and empathy. This area of early intervention which can also focus on prevention is one example where further research is needed.

### **Characteristics of Compassion Fatigue**

Compassion fatigue is the result of caring for others (Boyle, 2011; Boyle, 2015; Flarity, Gentry, & Mesnikoff, 2013). Studies have shown that nurses who are more empathetic with patients are more at risk for compassion fatigue (Potter et al., 2013; Potter, Deschields, & Rodriquez, 2013; Romano, Trotta, & Rich, 2013; Tabor, 2011). Native American teaching describes the process in this way, “each time you heal someone you give away a piece of yourself until at some point, you will require healing” (Houck, 2014, p. 455). For many nurses who feel “called” to their profession, the need to care for self is pushed aside in order to care for the needs of others. This belief is upheld not only individually, but organizationally. What nurses and organizations often fail to realize is that caring for one’s self enables each of us to better care for others.

The lack of a consistent definition for compassion fatigue has contributed to the confusion and use of the concept. Table 1 describes the definitions found in the literature review. Contributing factors of secondary traumatic stress and burnout are often associated with the development of compassion fatigue. Two recurrent themes within the literature for compassion fatigue are noted. The first is a decreased ability to purposefully “care” for patients resulting from a decrease in the individual nurse’s overall level of empathy. This decreased ability to purposefully “care” also leads to a loss of purpose and engagement for the nurse within the work environment. The second theme is that compassion fatigue is a normal reaction nurse’s experience because of the intense demands experienced while caring for others.

As shared earlier, compassion fatigue can negatively affect each aspect of an individual's being. This response can be felt physically, mentally, emotionally, and spiritually contributing to a loss of hope, purpose, and fulfillment in the work environment (Boyle, 2011; Boyle, 2015; Hunsaker, Chen, Maughan, & Heaston, 2015; Jenkins & Warren, 2012; Lombardo, 2011; Neville & Cole, 2013). Characteristics displayed by individuals who experience compassion fatigue and burnout are similar (Table 2). The similarity between these two concepts is one factor that has led to the terms being used interchangeably. Understanding the unique differences between these terms will help nurses, managers, and employers to provide stronger strategies protecting nurses from disengaging from the care they provide.

### **Differentiating Between Burnout and Compassion Fatigue**

Understanding the root cause of burnout and compassion fatigue is an important step towards developing strategies that will appropriately address the needs of nurses. Figley (2002) described burnout as “a result of frustration, powerlessness, and inability to achieve work goals” (Bao, 2015, p. 35). It is a by-product of misplaced goals and expectations within the work environment. Compassion fatigue is relational and occurs when care meant to “rescue” a patient is unsuccessful (Boyle, 2011).

Boyle (2011) further differentiates between burnout and compassion fatigue by describing time frames and examples of both concepts. Burnout develops slowly over time and can involve “disagreements with managers or co-workers, dissatisfaction with salary, or inadequate working conditions” (Boyle, 2011, p. 4). Compassion fatigue, on the other hand, has a more sudden onset and evolves from a traumatic, interpersonal experience with a patient or the patient's family (Boyle, 2011).

With burnout, the caregiver slowly begins to disengage from patients and co-workers while the nurse experiencing compassion fatigue will often try to give more (Boyle, 2011; Boyle, 2015). Both phenomena lead to caregivers who are depleted and “running on empty” (Boyle, 2011, p. 4) The relational difference of compassion fatigue is critical in understanding the loss of empathy that is experienced (Branch & Klinkenberg, 2015).

While the literature has drawn many similarities between compassion fatigue and burnout, distinct differences are beginning to emerge as a result of ongoing study and interest in this topic. Recognizing these differences is important as managers and organizational leaders address the causes of these two concepts. First, strategies can be implemented organizationally to improve work environments which could assist in decreasing the current rates of nurse burnout. Second, nurses and other health care providers can also be taught interventions to assist them in developing a lifestyle where caring for “self” is valued and encouraged. Self-care strategies can provide nurses with new coping skills needed to better handle the stresses that are an inherent part of the nurse’s role. Rather than needing to insulate ourselves from our patients and others as a result of compassion fatigue, these coping skills can equip us to live our lives from a more complete, holistic perspective. Nurses stand at a crossroads of being able to care more fully and completely for our patients and for ourselves.

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10.1177/1043454209350154

Table 1

*Compassion Fatigue Definitions*

<b>Author / Year</b>	<b>Compassion Fatigue</b>
Bao & Taliaferro, 2015	- Stamm’s (2010) model of compassion fatigue, which decreases a care provider’s ability to show compassion, is attributed to two causes: burnout and secondary traumatic stress.
Beck, 2011	- Compassion fatigue suggested as alternative term for secondary traumatic stress. Figley’s (1995) definition for secondary traumatic stress used to describe individuals who could suddenly feelings of helplessness, confusion, and isolation that were often not connected to actual events.
Boyle, 2011	<ul style="list-style-type: none"> <li>- Compassion fatigue described by Joinson (1992) as a situation that occurs when nurses are no longer able to ‘nurture’ or care for patients.</li> <li>- Compassion fatigue was labeled as the cost of caring and equated to secondary traumatic stress by Figley (1995). Figley went on to describe how nurses feel they are losing their own sense of self.</li> <li>- Sabo (2006) labeled compassion fatigue as a ‘severe malaise’ that can occur caring for physical, emotional, and social pain of others.</li> </ul>
Boyle, 2015	<ul style="list-style-type: none"> <li>- Boyle again referred to compassion fatigue using Joinson’s (1992) and Figley’s (1995) definitions.</li> <li>- Compassion fatigue occurs when a nurse is unable to restore the emotional energy spent in caring for others (Coetzee &amp; Klopper, 2010).</li> <li>- In addition, Boyle noted that compassion fatigue occurs as a result of a nurse’s direct interactions with patients and their families.</li> </ul>
Branch & Klinkenberg, 2015	<ul style="list-style-type: none"> <li>- Branch and Klinkenberg (2015) described compassion fatigue as a ‘traumatization’ that occurs to those working in healthcare because of their commitment to those they care for.</li> <li>- Joinson’s (1992) and Figley’s (1995) definitions of compassion fatigue were noted. Reference was also made to Figley’s classification of compassion fatigue based on the concepts of burnout and secondary traumatic stress (1995).</li> </ul>
Carter, Dyer, & Mikan, 2013	- Sabo’s definition of compassion fatigue is described as a chronic stress that occurs for those who care for others who are hurting.
Conard, Allen, & Armstrong, 2015	- A definition for compassion fatigue was not provided. However, nurses who care for veterans can experience secondary traumatic stress leading to burnout and compassion fatigue.

- Corso, 2012
  - Compassion fatigue is defined as a ‘tension’ resulting from repeated exposure to traumatic situations and events that occur while caring for others where the care provider cannot see improvement in the patient (Potter et al, 2010).
- Fernandez-Parson, Rodriguez, & Goyal, 2013
  - Compassion fatigue was not defined, but the relationship between moral distress as a contributing factor to compassion fatigue was noted.
- Fetter, 2012
  - Compassion fatigue is characterized as a ‘traumatizing emotional state’ that occurs as a result of nurses who focus on pain of the patients they provide care for (Figley, 2002).
- Flarity, Gentry, & Mesnikoff, 2013
  - Compassion fatigue is described as the product of burnout and secondary traumatic stress (Figley, 1995a, 1995b, 2002a, 2007; Haggard, 2003; and Laposa, Alden & Fullerton, 2003).
  - Figley (2002) notes that compassion fatigue is similar in nature to post-traumatic stress disorder. The difference is that compassion fatigue occurs as a result of caring for others who are experiencing difficulty. Compassion fatigue carries with it physical, mental, and social consequences for the exhausted care provider (Figley, 1995).
  - Joinson (1992) described compassion fatigue of nurses as being ‘worn down’ by the care needs of patients in the emergency department.
- Grafton, Gillespie, & Henderson, 2010
  - Compassion fatigue is described as a loss of empathy, compassion, purpose, and self (Bush, 2009; Ekedahl & Wengström, 2007; Jackson et al., 2007).
- Harris & Griffin, 2015
  - Joinson’s (1992) definition of compassion fatigue as a caregiver’s inability to nurture is noted.
  - Figley (1995) defines compassion fatigue as secondary traumatic stress disorder.
  - Compassion fatigue is noted to affect every aspect of a caregiver’s life (both personally and professionally). Repeated exposure to stressful situations where caregivers give empathetically of themselves lead to physical, emotional, and spiritual exhaustion which depletes the caregiver’s ability to continue to give (Coetzee & Klopper, 2020; Gilmore, 2012; Joinson, 1992; Stewart, 2009; Walker & Avant, 2005; Yoder, 2010).
- Henry, 2014
  - Bush (2009) notes that compassion fatigue occurs as caregivers take in physical and emotional pain of others contributing to burnout.
- Hesselgrave, 2014
  - Caring for others over time who are experiencing physical and emotional trauma leads to compassion fatigue (Maytum, Heiman, & Garwick, 2004; Bush, 2009).
  - Compassion fatigue is compared to burnout and described as a state of emotional exhaustion

- (Jennings, 2008).
- Hill et al., 2014 - Nurses who have witnessed the trauma of patients in their care describe compassion fatigue with feelings of anger, sorrow, incompetence, exhaustion, as well as a desire to avoid patient care.
- Hinderer et al., 2014 - Figley's (1995) definition of compassion fatigue, or the inability to nurture patients, is used.
- Hooper, Craig, Janvrin, Wetsel, & Reimels, 2010 - Joinson (1992) describes compassion fatigue as a form of burnout.
- Figley (1995) and Stamm (1999) describes compassion fatigue as a consequence that can occur when you care for someone who is experiencing trauma or suffering.
- Houck, 2014 - Aycock and Boyle (2009) define compassion fatigue as the physical, emotional, and spiritual exhaustion that occurs when caring for others who are experiencing pain and trauma.
- Hunsaker, Chen, Maughan, & Heaston, 2015 - Peery (2010) and Sabo (2011) describe compassion fatigue as the physical, emotional, and spiritual exhaustion that occurs from caring for others experiencing pain and trauma.
- Joinson's (1992) description of compassion fatigue, the inability to nurture, is noted.
- Figley (1995) notes that compassion fatigue is a self-protective mechanism used to cope from the emotional cost of caring.
- Jenkins & Warren, 2012 - Taber (2005) defines compassion fatigue as an emotional exhaustion that occurs within healthcare workers.
- Jenkins and Warren (2012) describe compassion fatigue as a 'natural consequence' between the patient who is suffering and the nurse who is working with that patient.
- Li, Early, Mahrer, Klaristenfeld, & Gold, 2014 - Li, Early, Mahrer, Klaristenfeld, and Gold (2014) equate compassion fatigue to secondary traumatic stress disorder and note its similar characteristics to post traumatic stress disorder. Secondary traumatic stress occurs as a result of interactions with a person who is experiencing trauma (Gates & Gillespie, 2008).
- Lombardo, 2011 - Annewalt (2009) and Figley (1995) define compassion fatigue as a physical, emotional, and spiritual exhaustion that occurs as a result of caring for patients experiencing physical and emotional pain.
- Joinson (1992) first described compassion fatigue as a form of burnout.
- Figley (1995) equates compassion fatigue to secondary traumatic stress.
- Maiden, Georges, & Connelly, 2011 - Compassion fatigue is described as the physical, mental, social, and spiritual exhaustion that can occur while caring for others leaving the care provider with a lack of empathy, physical fatigue, and

- negative emotions (Figley, 1995; McHolm, 2006).
- Figley (1995) equates compassion fatigue to secondary traumatic stress.
- Marcial, Diaz, Jaramillo, Marentes, & Mazmanian, 2012
- Coetzee and Klopper (2010) note that compassion fatigue occurs as a result of ongoing contact with patients in difficult, stressful situations. This leads to a lack of energy both physically and emotionally (Frandsen, 2011).
- Mason, Leslie, Lyons, Walke, & Griffin, 2014
- Ulruh (2010) notes that compassion fatigue occurs when health care providers fear reliving situations when they were not able to act in a way that aligned with their personal beliefs.
  - Compassion fatigue is the result of ongoing stress that takes place dealing with patients in light of diminishing personal resources (Wocial, 2013; Ulruh, 2010; Abendroth, 2005; Slocum-Gori, Hemsworth, Chan, Carson, & Kazanijan, 2013; and Elkonin & von der Vyver, 2011).
- McGibbon, Peter, & Gallop, 2010
- Figley's (1995) definition of secondary traumatic stress disorder which equated to compassion fatigue was used. Secondary traumatic stress disorder was defined as the behaviors and emotions that result from caring for individual who is experiencing trauma or pain. This pain can be physical or emotional. The behaviors exhibited by the caregiver who is experiencing compassion fatigue closely follows the response seen in post-traumatic stress disorder.
- Melvin, 2015
- Stamm's (2008, n.d.) model of compassion fatigue was used which includes the concepts of burnout and secondary traumatic stress.
  - LaRowe's (2005) definition of compassion fatigue focuses on the negative emotional consequences caregivers experience as they repeatedly respond to the pain of others. This pain may be experienced in direct care situations or through interactions with co-workers. Compassion fatigue's impact on empathy was highlighted
  - Figley's (1995) description of compassion fatigue also noted a caregiver's lack of empathy over time due to the care provider's repeated experiences of caring for others who are suffering. Secondary traumatic stress disorder was used by Figley (1995) interchangeably with compassion fatigue.
  - Bush (2009) described compassion fatigue as an 'emotional burden of being' for caregivers who witnessed and interacted with others experiencing pain and trauma. Over time, the caregiver experienced a loss of purpose and individuality. A decrease in compassion and empathy was also found.

- Sabo (2011) noted that a decrease in empathy was a significant personal quality found in caregivers who were experiencing compassion fatigue.
  - Coetzee and Klopper (2010) note that compassion fatigue occurs when the self-care interventions used by a caregiver does not meet the emotional needs being spent in providing that care.
- Meyer, Li, Klaristenfeld, & Gold, 2013
- Compassion fatigue is described as the emotional stress caregivers face while caring for those who are experiencing trauma (Figley, 1995; Leibowitz, Jeffreys, Copeland, & Noël, 2008).
- Neville & Cole, 2013
- Coetzee and Klopper's (2010) note that compassion fatigue is a stress response that occurs as the result of repeated interactions with patients resulting in changes that impact every aspect of the caregiver's being.
  - Aycock and Boyle (2009) suggested that compassion fatigue replace the term burnout.
  - Stamm's (2010) model incorporates burnout and secondary traumatic stress into the concept of compassion fatigue which is broadly categorized as the negative aspects of an individual's work.
  - Joinson is acknowledged as the first individual to use the term compassion fatigue as a way to better define burnout (Hooper, Craig, Janvrin, Wetsel, & Reimels, 2010; Yoder, 2010).
  - Figley (1995) described compassion fatigue as the 'cost of caring.'
- Potter, Deshields, Berger, Clarke, Olsen, & Chen, 2013
- Compassion fatigue is defined as a consequence of burnout and secondary traumatic stress within the caregiver (Figley, 1995; Stamm, 1995). There is a direct correlation to an individual's empathy (Figley, 1995).
  - Figley's (1999) definition of secondary traumatic stress was described as the stress caregivers feel from interacting with individuals who are experiencing trauma or pain (physical or emotional).
  - Coetzee and Klopper (2010) noted that compassion fatigue is a result of the ongoing stress of providing care and interacting with patients.
- Potter et al., 2010
- Joinson's (1992) connection of compassion fatigue to burnout was noted.
  - Figley (2002) defined compassion fatigue as the cost of caring for others and described it as a form of burnout. The symptoms of compassion fatigue were noted to have a sudden onset with the caregiver focusing on past experiences of caring for patients who had experienced trauma or pain.
  - McHolm (2006) notes that compassion fatigue results when the caregiver is not able to witness the positive outcomes of patients in their care.
  - The authors noted that the definitions for burnout and compassion fatigue are often very similar.

- However, distinctions are sometimes made between the environmental factors associated with burnout and the relational factors associated with compassion fatigue.
- Potter, Deshields, & Rodriquez, 2013
- Jenkins (2012) notes that compassion fatigue is the result of ongoing and repeated exposures to stress. Jenkins (2012) noted that the term compassion fatigue was first found in the literature in 1992 and was described as a nurse’s inability to care or nurture.
  - Figley (1995) noted that compassion fatigue is the accumulation of burnout and secondary traumatic stress.
  - Coetzee and Klopper (2010) stated that compassion fatigue is the result of ongoing and cumulative effects of stress for nurses who also give empathetically to patients.
- Reimer, 2013
- Valant (2002) describes compassion fatigue as the emotional consequence of a caregiver’s inability to help others in their care.
- Romano, Trotta, & Rich, 2013
- Sabo’s (2006) description of compassion fatigue focuses on the negative emotional consequences caregivers may experience working with patients and families who are dealing with traumatic and difficult situations in a health care facility. When the caregiver feels that these negative events outweigh the positive, compassion fatigue may result.
  - Joinson’s (1992) first use of the term compassion fatigue described nurses who had lost their ability to care and who no longer found value in their work.
  - Coetzee and Klopper (2010) noted that compassion fatigue occurs over time following repeated interactions with patients and their families in stressful situations. Providing empathetic care led to so many without being able to fully restore this energy resulted in compassion fatigue that affected every aspect of the nurse’s life.
  - The authors noted that burnout is used interchangeably to describe compassion fatigue. Coetzee and Klopper (2010) noted many describe the final result of compassion fatigue as burnout.
- Sacco, Ciurzynski, Harvey, & Ingersoll, 2015
- Joinson’s (1992) concept of compassion fatigue as a type of burnout was described.
  - Stamm’s (2002) model for compassion fatigue’s basis on the levels of burnout and secondary traumatic stress were discussed. If the caregiver encounters more negative experiences than positive within the work environment and in patient interactions, compassion fatigue can result.
- Tabor, 2011
- Compassion fatigue is described as the ‘cost of caring’ (Figley, 2003).
  - Compassion fatigue represents a dichotomy of wants versus reality. The caregiver has a strong



belief in providing care that exhibits empathy. However, the giving of self to meet needs of patients, and the trauma and pain experienced by patients and families leads to a depletion of emotional energy for the caregiver (Polin, 1996; Tunajek, 2006).

- Van Sant & Patterson, 2013 - Reference is made to Coetzee and Klopper's (2010) premise that compassion fatigue results from an outpouring of self in the care of others.
- Wentzel & Brysiewicz, 2014 - Figley (2003) defines compassion fatigue as 'the cost of caring' and relates it the level of empathy expressed by caregivers. It is a state of stress the caregiver experiences due to the trauma experienced by patients and their families which leaves the caregiver depleted physically, mentally, and emotionally.

- Joinson is noted in Coetzee and Klopper's (2010) work to describe compassion fatigue as an inability to nurture.
- Walton & Alvarez, 2010 - The author compares compassion fatigue to an emotionally empty gas tank.

Yoder, 2010 - Figley (1995) describes compassion fatigue as the 'cost of caring.' Figley (2002) notes that compassion fatigue occurs when trauma of patients and families is experienced.

- Joinson (1992) notes that compassion fatigue is a protective mechanism unconsciously used by caregivers to cope with the stresses of patient care.

- Valent (2002) and Stamm (2002) consider compassion fatigue and burnout to be related concepts. Valent notes that compassion fatigue can come and go quickly. It is experienced when a caregiver cannot protect a patient from further pain or harm.
- Young, Cicchillo, & Bressler, 2011 - Compassion fatigue is described as burnout from the author who first described the phenomena (Joinson, 1992).

- Secondary traumatic stress and compassion fatigue are used as interchangeable terms. Both describe situations where caregivers experience stress caring for those who have experienced a trauma (Stamm, 2010).

- McHolm (2006) notes that compassion fatigue affects every area of the caregiver's life (physically, emotionally, socially, and spirirtually) and leads to decreasing levels of empathy.
- Zander, Hutton, & King, 2010 - Repeated exposures to stress can lead to compassion fatigue as well as to concepts such as burnout and vicarious traumatization (Little, 2002; Maslach & schaufeli, 1993 cited in Maslach et al., 2001; Muscatello et al., 2006).

Table 2

*Characteristics of Compassion Fatigue and Burnout*

<b>Author / Year</b>	<b>Compassion Fatigue</b>	<b>Burnout</b>
Bao & Taliaferro, 2015	<ul style="list-style-type: none"> <li>- Increased anxiety</li> <li>- Increase in impulsive / reactive behaviors</li> <li>- Avoidance and an inability to let go of thoughts involving patients during one’s personal time</li> </ul>	<ul style="list-style-type: none"> <li>- Not noted</li> </ul>
Beck, 2011	<ul style="list-style-type: none"> <li>- Increase in negative emotions such as frustration, anger, depression, hypervigilance</li> <li>- Increase feelings of dread in working with certain individuals</li> <li>- Experiencing the negative thoughts and images of others</li> <li>- Inability to separate work from one’s personal life</li> <li>- Decreased sense of purpose and enjoyment with career</li> <li>- Loss of hope. Feelings of helplessness and isolation.</li> <li>- Ineffective and /or self-destructive behaviors used for coping</li> <li>- Feelings can develop suddenly</li> </ul>	<ul style="list-style-type: none"> <li>- Characteristics develop over time</li> <li>- Develop physical, emotional, and mental exhaustion</li> <li>- Feelings of depersonalization</li> <li>- Experience feelings of decreased personal accomplishment</li> </ul>
Boyle, 2011; Boyle, 2015	<ul style="list-style-type: none"> <li>- Emotional: anger; apathy; cynicism; desensitization; discouragement; dreams, flashbacks, preoccupation with the traumatic experiences of patients; feeling</li> </ul>	<ul style="list-style-type: none"> <li>- Increase in frustration and powerlessness</li> <li>- Decrease in morale</li> <li>- Feelings develop over time</li> </ul>

	<ul style="list-style-type: none"> <li>overwhelmed; hopeless; irritable; decreased enthusiasm; sarcastic</li> <li>- Intellectual: bored, decrease in concentration, disorderly, lack of attention to detail</li> <li>- Physical: increase in physical complaints; lack of energy, endurance, and strength; more prone to accidents; sense of fatigue and exhaustion</li> <li>- Social: callous; feelings of alienation or isolation; not able to share in or alleviate suffering; indifferent; lack of interest in activities that once brought enjoyment; withdrawal from family or friends</li> <li>- Spiritual: decrease in discernment; lack of introspection or spiritual awareness</li> <li>- Work: absenteeism; avoidance of intense patient situations; desire to quit; decrease ability to perform daily tasks (more medication and documentation errors)</li> <li>- Feelings can develop suddenly</li> </ul>	
Branch & Klinkenberg, 2015	- Powerlessness; uncertainty	<ul style="list-style-type: none"> <li>- Frustration, anger</li> <li>- Depression</li> </ul>
Carter, Dyer, & Mikan, 2013	- Not described	- Not described
Conard, Allen, & Armstrong, 2015	- Not described	- Not described
Corso, 2012	- Not described	- Not described
Fernandez-Parson, Rodriguez, & Goyal, 2013	- Not described	- Not described

Fetter, 2012	<ul style="list-style-type: none"> <li>- A state of emotional exhaustion that includes feeling burdened, depressed, anxious, fearful, apathetic, helpless, and wanting to quit</li> <li>- Decrease in immune function</li> <li>- Decrease in quality of life</li> <li>- Physical symptoms including forgetfulness, headaches, stomachaches, high blood pressure, weight gain, anger, stiff neck, fatigue, and disrupted sleep</li> <li>- Weariness that progresses to a loss of physical strength and endurance</li> <li>- More accident prone</li> <li>- Increased absenteeism and loss of productivity</li> </ul>	<ul style="list-style-type: none"> <li>- Not described</li> </ul>
Flarity, Gentry, & Mesnikoff, 2013	<ul style="list-style-type: none"> <li>- Avoidance, hyperarousal, physical symptoms, and sleep disturbances</li> </ul>	<ul style="list-style-type: none"> <li>- Feelings of exhaustion, frustration, hopelessness, anger, and depression</li> <li>- Feeling that one's efforts make no difference</li> </ul>
Grafton, Gillespie, & Henderson, 2010	<ul style="list-style-type: none"> <li>- Not described</li> </ul>	<ul style="list-style-type: none"> <li>- Not described</li> </ul>
Harris & Griffin, 2015	<ul style="list-style-type: none"> <li>- Inadequate performance</li> <li>- Decrease in personal and career satisfaction</li> <li>- Decline in holistic health; spiritual emptiness</li> <li>- Disconnectedness</li> <li>- Decreased sense of fulfillment</li> <li>- Helplessness; lack of motivation</li> <li>- Fatigue</li> </ul>	<ul style="list-style-type: none"> <li>- Not described</li> </ul>

Henry, 2014	- Not described	- Feelings of exhaustion, being overwhelmed, having self-doubt, anxiety, bitterness, cynicism, and ineffectiveness
Hesselgrave, 2014	- Emotional exhaustion, depersonalization, and a decreased sense of personal accomplishment	- Emotional exhaustion, depersonalization, and a decreased sense of personal accomplishment
Hill et al., 2014	- Not described	- Not described
Hinderer et al., 2014	<ul style="list-style-type: none"> <li>- Irritability</li> <li>- Inability to concentrate</li> <li>- Anger</li> <li>- Intrusive or recurrent disturbing thoughts</li> <li>- Sleep disturbances</li> </ul>	<ul style="list-style-type: none"> <li>- Emotional exhaustion</li> <li>- Patient depersonalization</li> <li>- Decreased feelings of accomplishment personally and at work</li> </ul>
Hooper, Craig, Janvrin, Wetsel, & Reimels, 2010	<ul style="list-style-type: none"> <li>- Change in job performance</li> <li>- Increase in errors</li> <li>- Noticeable change in personality</li> <li>- Decline in health</li> <li>- Thoughts of leaving the profession</li> </ul>	<ul style="list-style-type: none"> <li>- Emotional exhaustion</li> <li>- Reduced sense of accomplishment</li> <li>- Fatigue</li> <li>- Illness</li> <li>- Disillusionment</li> <li>- Cynicism</li> <li>- Anger</li> <li>- Difficulties sleeping</li> <li>- Sense of helplessness or hopelessness</li> <li>- Depersonalization</li> <li>- Sense of inefficacy</li> <li>- Not described</li> </ul>
Houck, 2014	<ul style="list-style-type: none"> <li>- Extreme weariness</li> <li>- Poor performance</li> <li>- Multiple physical complaints including gastrointestinal disturbances, headaches, weight gain, and sleep disturbances</li> <li>- Lack of enthusiasm</li> </ul>	- Not described

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| Hunsaker, Chen, Maughan, & Heaston, 2015 | <ul style="list-style-type: none"> <li>- Depression</li> <li>- Desensitization</li> <li>- Irritability</li> <li>- Feeling emotionally overwhelmed</li> <li>- Loss of ability to enjoy life</li> <li>- Exhaustion that is felt physically, emotionally, and spiritually</li> <li>- Apathy</li> <li>- Feel ineffective</li> <li>- Depressed</li> <li>- Detached</li> </ul>   | <ul style="list-style-type: none"> <li>- Feelings of hopelessness</li> <li>- Apathy</li> <li>- Inability to perform job responsibilities; feel ineffective</li> <li>- Depressed</li> <li>- Detached</li> <li>- Physical, mental, and emotional exhaustion</li> <li>- Fatigue</li> <li>- Illness</li> <li>- Disillusionment</li> <li>- Cynicism</li> <li>- Anger</li> <li>- Difficulty sleeping</li> <li>- Sense of helplessness or hopelessness</li> </ul> |
| Jenkins & Warren, 2012                   | <ul style="list-style-type: none"> <li>- Cynicism</li> <li>- Emotional exhaustion that can lead to periods of breakdown and feeling overwhelmed</li> <li>- Self-centeredness</li> <li>- Difficulty concentrating</li> <li>- Intrusive imagery</li> <li>- Loss of hope</li> <li>- Irritability</li> <li>- Depersonalization of individuals being cared for</li> <li>- Absence of energy or enthusiasm for work</li> <li>- Feelings of burnout</li> <li>- Accident proneness</li> <li>- Depersonalization</li> <li>- Reduced output, endurance, diminished performance</li> <li>- Loss of empathy</li> </ul> |  |

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|--|---|---|
| Li, Early, Mahrer, Klaristenfeld, & Gold, 2014 | <ul style="list-style-type: none"> <li>- Poor judgment</li> <li>- Weight loss / weight gain</li> <li>- Increase in physical complaints such as stomach pains and headaches</li> <li>- Lack of spiritual awareness or lethargy</li> <li>- Re-experiencing a traumatic / stressful event</li> <li>- Avoidance</li> <li>- Physiological arousal caused by traumatic event</li> <li>- Anxiety</li> <li>- Difficulty concentrating</li> <li>- Nausea</li> <li>- Sleep disturbances</li> </ul>  | <ul style="list-style-type: none"> <li>- Frustration</li> <li>- Powerlessness</li> <li>- Inability to meet work goals</li> <li>- Dissatisfaction with work</li> </ul> |
| Lombardo, 2011                                 | <ul style="list-style-type: none"> <li>- Physical, emotional, and spiritual depletion</li> <li>- Avoidance or dread of working with certain patients</li> <li>- Reduced ability to feel empathy</li> <li>- Frequent use of sick days</li> <li>- Lack of joyfulness</li> <li>- Mood swings</li> <li>- Restlessness</li> <li>- Irritability</li> <li>- Oversensitivity</li> <li>- Anxiety</li> <li>- Excessive use of substances (nicotine, alcohol, or illicit drugs)</li> <li>- Depression</li> <li>- Anger and resentment</li> </ul> | <ul style="list-style-type: none"> <li>- Not described</li> </ul>   |

- Loss of objectivity
  - Memory issues
  - Poor concentration, focus, and judgment
  - Headaches
  - Digestive problems (diarrhea, constipation, or upset stomach)
  - Muscle tension
  - Sleep disturbances (inability to sleep, insomnia, too much sleep)
  - Fatigue
  - Cardiac symptoms (chest pain / pressure, palpitations, tachycardia)
- Maiden, Georges, & Connelly, 2011
- Emotional, physical, social, and spiritual exhaustion
  - Fatigue
  - Overwhelmed
  - Helplessness / hopelessness
  - Lack of empathy
- Marcial, Diaz, Jaramillo, Marentes, & Mazmanian, 2012
- Physical and emotional exhaustion
  - Irritability
  - Isolation
  - Mental fatigue
  - Depression
  - Helplessness
  - Resentment toward others
  - Career burnout
  - Diminished performance
  - Inability to concentrate
  - Poor job performance
- Not described
- Not described



Mason, Leslie, Lyons, Walke, & Griffin, 2014	<ul style="list-style-type: none"> <li>- Increase in accidents</li> <li>- Powerlessness</li> <li>- Feeling overwhelmed</li> <li>- Physical stress</li> <li>- Dissatisfaction at work; thoughts of resigning or transferring to another department</li> <li>- Anger</li> <li>- Apathy</li> <li>- Cynicism</li> <li>- Sarcasm</li> <li>- Dreams</li> <li>- Flashbacks</li> <li>- Irritability</li> <li>- Boredom</li> <li>- Impaired concentration</li> <li>- Inability to pay attention to detail</li> <li>- Conflicting loyalties</li> <li>- Disorderliness</li> </ul>	- Not described
McGibbon, Peter, & Gallop, 2010	<ul style="list-style-type: none"> <li>- Anxiety</li> <li>- Depression</li> <li>- Re-experiencing the traumatic event through recollections, dreams, and reminders</li> <li>- Avoidance and numbing of reminders of traumatic events</li> <li>- Detachment from others</li> <li>- Sense of foreshortened future</li> <li>- Feelings of loss for personal safety</li> </ul>	- Not described

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|--|---|---|
| Melvin, 2015                           | <ul style="list-style-type: none"> <li>- Persistent arousal</li> <li>- Difficulty sleeping</li> <li>- Difficulty concentrating</li> <li>- Exaggerated startle response</li> <li>- Fatigue</li> <li>- Anxiety</li> <li>- Intrusive thoughts</li> <li>- Apathy</li> <li>- Depression</li> <li>- Decreased enthusiasm</li> <li>- Desensitization</li> <li>- Decreased ability</li> <li>- Irritability</li> <li>- Feeling overwhelmed</li> <li>- Hypervigilance</li> <li>- Emotional disturbances</li> <li>- Disordered thinking</li> </ul> | <ul style="list-style-type: none"> <li>- Physical, emotional, and mental exhaustion</li> <li>- Distancing one's self emotionally and mentally from work</li> <li>- Cynicism</li> <li>- Depersonalization</li> <li>- Inefficacy</li> </ul> |
| Meyer, Li, Klaristenfeld, & Gold, 2013 | <ul style="list-style-type: none"> <li>- Emotional stress</li> <li>- Negative feelings</li> </ul>   | <ul style="list-style-type: none"> <li>- Exhaustion</li> <li>- Frustration</li> <li>- Anger</li> <li>- Cynicism</li> <li>- Inefficacy</li> <li>- Depression</li> </ul>  |
| Neville & Cole, 2013                   | <ul style="list-style-type: none"> <li>- Physical, social, emotional, spiritual, and intellectual changes occur</li> <li>- Preoccupation with thoughts of people where care has been provided</li> <li>- Anger</li> <li>- Helplessness</li> </ul>   | <ul style="list-style-type: none"> <li>- Frustration</li> <li>- Anger</li> <li>- Depression</li> </ul>  |

Potter, Deshields, Berger, Clarke, Olsen, & Chen, 2013	<ul style="list-style-type: none"> <li>- Lack of feeling</li> <li>- Intrusive symptoms</li> <li>- Arousal</li> <li>- Avoidance</li> <li>- Nervous</li> <li>- Cynical</li> <li>- Pessimistic</li> <li>- Low self-esteem</li> <li>- Angry</li> <li>- Dreads work</li> <li>- Difficulty sleeping; nightmares</li> <li>- Lack of interest in social events or sexual activity</li> <li>- Changes in appetite (weight loss; weight gain)</li> <li>- Changes in relations with others</li> <li>- Decrease in health</li> <li>- Increased use of alcohol or drugs</li> <li>- Changes in job performance</li> <li>- Increased mistakes</li> <li>- Desire to leave the profession or specialty</li> </ul>	<ul style="list-style-type: none"> <li>- Physical, emotional, and mental exhaustion</li> <li>- Increase in absenteeism and turnover</li> <li>- Poor co-worker support</li> <li>- Depersonalization</li> <li>- Decrease in performance</li> </ul>
Potter et al., 2010	<ul style="list-style-type: none"> <li>- Chronic fatigue</li> <li>- Irritability</li> <li>- Dread of going to work</li> <li>- Aggravation of physical ailments</li> <li>- Lack of joy in life</li> <li>- Helplessness</li> <li>- Confusion</li> </ul>	<ul style="list-style-type: none"> <li>- Physical, emotional, and mental exhaustion</li> </ul>
Potter, Deshields, & Rodriquez,	<ul style="list-style-type: none"> <li>- Feelings of intrusion and arousal</li> </ul>	<ul style="list-style-type: none"> <li>- Physical, emotional, and mental</li> </ul>

2013	<ul style="list-style-type: none"> <li>- Anxiety</li> <li>- Emotionally overwhelmed</li> <li>- Cynical</li> <li>- Disengaged</li> <li>- Desensitization</li> <li>- Lack of enthusiasm for patient care</li> <li>- Decreased performance</li> <li>- Loss of endurance</li> <li>- Difficulty concentrating and making decisions</li> </ul>	exhaustion
Reimer, 2013	- Not described	- Not described
Romano, Trotta, & Rich, 2013	<ul style="list-style-type: none"> <li>- Chronic fatigue</li> <li>- Irritability</li> <li>- Decreased life enjoyment</li> <li>- Lack of desire to go to work</li> <li>- Decreased empathy</li> <li>- Physical, social, emotional, spiritual, and intellectual changes</li> </ul>	- Not described
Sacco, Ciurzynski, Harvey, & Ingersoll, 2015	- Not described	- Not described
Tabor, 2011	- Not described	<ul style="list-style-type: none"> <li>- Emotional, mental, and physical exhaustion</li> <li>- Increases in absenteeism and tardiness</li> <li>- Delayed productivity</li> <li>- Professional isolation</li> <li>- Emotional and physical drain</li> <li>- Cynicism</li> <li>- Ambiguous success and lack of expected rewards or accomplishments</li> </ul>

Van Sant & Patterson, 2013	- Not described	- Not described
Wentzel & Brysiewicz, 2014	- Increase in absenteeism and staff turnover	- Not described
	- Thoughts of leaving the profession	
	- Annoyance	
	- Disconnection	
	- Intolerance	
	- Melancholy	
	- Depression	
	- Lack of compassion and empathy	
	- Frustration	
	- Impatience	
	- Apprehension working with particular patients	
	- Less enjoyment and career self-worth	
	- Increase use of drugs or alcohol	
	- Headaches	
	- Increased blood pressure	
	- Fatigue	
	- Weight gain	
	- Stiff neck	
	- Insomnia	
	- Anger	
	- Increase in cardiovascular disease, diabetes, gastrointestinal problems, and immune dysfunction	
Walton & Alvarez, 2010	- Not described	- Not described
Yoder, 2010	- Desensitization to personal feelings	- Frustration
	- Helplessness	- Loss of control
	- Anger	- Increased willful efforts

<p>Young, Cicchillo, &amp; Bressler, 2011</p>	<ul style="list-style-type: none"> <li>- Difficulty sleeping</li> <li>- Fear</li> <li>- Intrusive images</li> <li>- Reminders of a patient’s traumatic experiences</li> <li>- Physical, emotional, social, and spiritual exhaustion</li> <li>- Decrease in ability, desire, and energy to care for and empathize with others</li> </ul>	<ul style="list-style-type: none"> <li>- Diminishing morale</li> <li>- Mental fatigue</li> <li>- Lack of energy</li> <li>- Increase in work relationship problems</li> <li>- Lack of productivity</li> <li>- Decreased enthusiasm for one’s job</li> <li>- Decrease job performance</li> <li>- Compulsive activities</li> <li>- Difficulty relating to family, friends, and coworkers</li> <li>- Low morale</li> <li>- Not described</li> </ul>
<p>Zander, Hutton, &amp; King, 2010</p>	<ul style="list-style-type: none"> <li>- Not described</li> </ul>	