

Analysis of Factors Causing Compassion Fatigue in Nurses

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Abstract

Compassion fatigue can lead to behaviors such as loss of caring and compassion, thereby reducing the quality of care and ultimately failing to achieve the goal of improving patient health and unstable patient satisfaction. The purpose of this review was to identify and summarize published reviews on compassion fatigue in nurses and its impact on patient care. Three databases were searched, namely PubMed, Wiley Online Library, Proquest for studies on compassion fatigue in nurses, published in English from 2021 to 2024. The review used the Preferred Reporting Items for Systematic reviews and Meta-Analysis (PRISMA) extension to include articles. Of the 179 search results, 15 met the inclusion criteria. Several factors were identified in this review including burnout, number of dependent children, lack of task completion, nurse competence, nurse shift schedules, male nurse coping, low nurse income, low compassion satisfaction. This scoping review provides important insights into common causes and potential risks of compassion fatigue among nurses and identifies potential strategies to support nurses' psychological health and well-being.

Keywords: *Compassion Fatigue, Nursing.*



A. INTRODUCTION

Nurses play a very important role in the health care system, especially in providing direct care to patients suffering from various medical conditions. They are often on the front lines in responding to patient needs, both physically and emotionally. Although this profession is very noble, the challenges faced by nurses in carrying out their duties often cause significant psychological impacts. One of the psychological impacts that often arises is compassion fatigue. Compassion fatigue or secondary traumatic stress occurs when nurses get to know patients who are experiencing trauma and pain closely. Then identify the patient's condition and use all their energy to care for the patient, resulting in neglecting their own needs. The study "Investigation of psychological factors related to compassion fatigue, burnout, and compassion satisfaction among nurses (2019)" explains about compassion satisfaction with medium-high results, and low-moderate results in compassion fatigue symptoms. In the study, nurses who showed somatic symptoms were a risk factor for compassion fatigue and nurses who showed depressive symptoms were a risk factor for burnout. Compassion fatigue can lead to behaviors such as loss of caring and compassion, thus reducing the quality of care and ultimately failing to achieve the goal of improving patient health well and unstable patient satisfaction (Sulistyo et al., 2022).

Previous studies have documented that increased workload, lack of support from leadership, and lack of collaboration between nurses and doctors have been cited as contributing factors to nurse burnout (Carthon, 2021). Awal Bros Bagan Batu Hospital is a new hospital that has been operating for 2 years with 160 nurses. The number of nurses currently does not meet the needs of the nurse workload analysis (286 people) so that nurses still manage more patients than the established standards. In addition, nurses also carry out other activities such as accompanying visiting doctors, taking patients to radiology, taking patients to the operating room, taking patients home and many other jobs that are done at one time. When nurses care for more patients or there is a shortage of staff, these conditions are more likely to cause nurses to experience burnout.

Other researchers mentioned in the article "Predictors of compassion fatigue, burnout, and compassion satisfaction among emergency nurses (2021)" that factors associated with life disruption and traumatic memories significantly predict burnout and compassion fatigue. In another study "Factors associated with compassion fatigue and compassion satisfaction in obstetrics and gynecology nurses: A cross-sectional study (2022)" stated that physical status, number of children, emotional exhaustion, lack of success in carrying out tasks and responsibilities, emotional exhaustion and not being an only child can affect compassion fatigue. Therefore, the following study aims to analyze more factors that cause compassion fatigue in nurses. So that researchers can immediately follow up so that nurses do not experience this which can affect the psychological condition of nurses and the quality of service.

B. METHOD

This study is a literature review using Preferred Reporting Items For Systematic Reviews And Meta-Analysis (PRISMA) with the Mendeley software platform in systematic reviews. A flowchart mapping the number of articles that have been identified, included, and excluded, with the reasons why the notes were excluded, is used to illustrate the flow of information through the different phases of a systematic review (Page et al., 2021). There are 6 stages used in a literature review, including: 1) determining the research question, 2) identifying relevant literature, 3) selecting studies, 4) mapping data, 5) summarizing, synthesizing, and reporting results, and 6) including expert consultation (Westphaln et al., 2021). This study uses the PICOT strategy in searching for articles in the electronic databases PubMed, Wiley Online Library, Proquest. The literature was obtained using the Boolean operator search "AND". The keywords in the search are "Compassion fatigue" AND "Nursing" (Septiani et al., 2022). The criteria for the literature review are as follows:

1. Inclusion Criteria
 - a. Articles published in the period 2019-2024
 - b. The purpose of the article describes the effect of compassion fatigue on nurses
 - c. Articles published in English
 - d. Articles using cross-sectional research design

- e. Articles using quantitative methods
- 2. Exclusion Criteria
 - a. Articles using randomized control trial research design, systematic review, literature review and meta-analysis
 - b. Articles published in Indonesian
 - c. Articles using qualitative methods

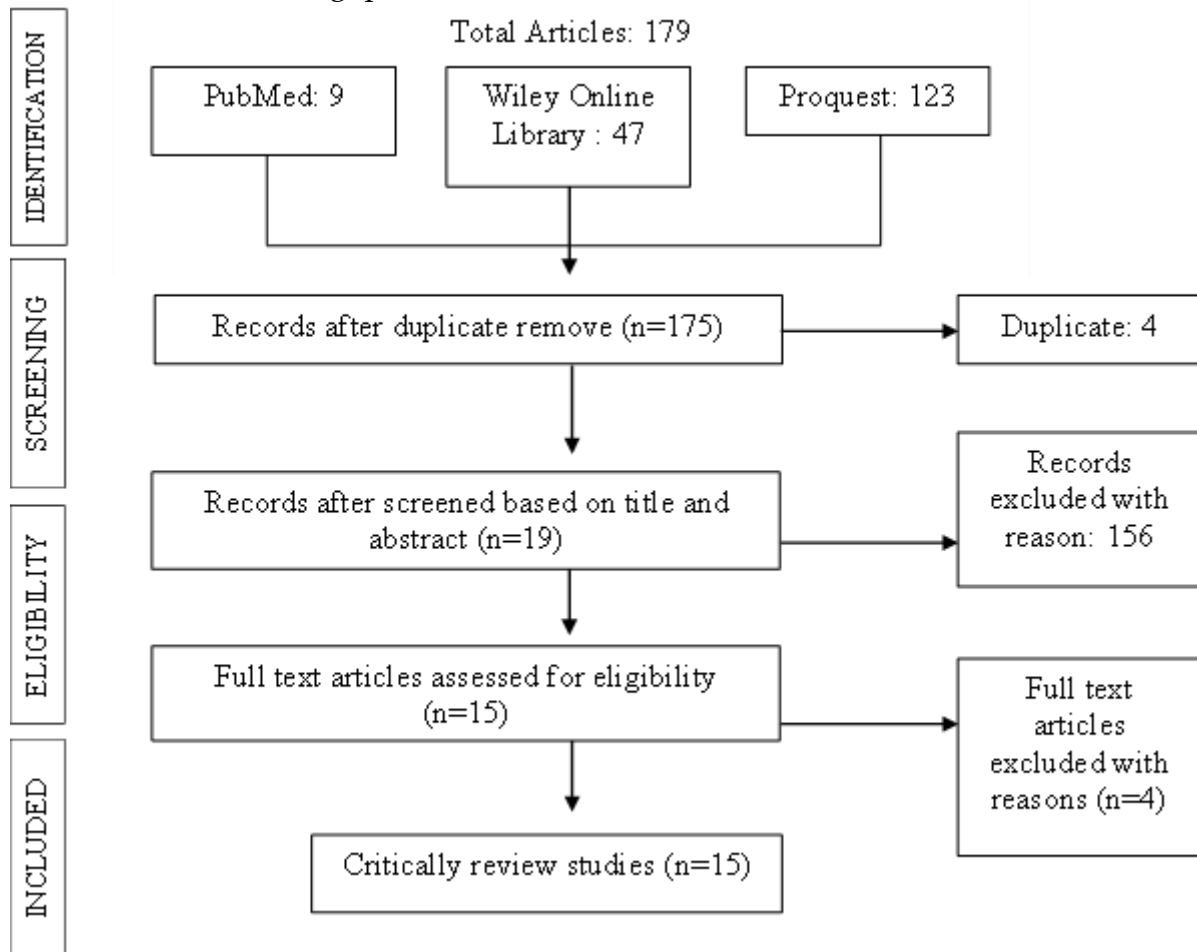


Figure 1. PRISMA Diagram

C. RESULTS AND DISCUSSION

Based on the results of the article selection, it is known that after entering keywords into the specified database, the results of the identification of 179 articles were obtained, 9 articles were obtained from Pubmed, 47 articles from Wiley Online Library, and 123 articles from Proquest. Furthermore, the researcher conducted article screening, there were 4 duplicate articles from the database so that 175 articles remained. Furthermore, the researcher selected based on the title of the article, 156 articles were removed that were not related to compassion fatigue, so that 19 articles remained. Then 4 articles were removed because they did not match the research objectives. Therefore, only 15 articles remained that matched the objectives and criteria in this study which were critically reviewed.

Table 1. Characteristics of Included Articles

Author and Year	Purpose	Design	Results
Aslı Yeşil and Şehrinaz Polat (2023)	To determine the level of compassion fatigue, compassion satisfaction, burnout, various levels of psychopathological symptoms, coping skills, and the relationship between them.	Cross sectional	According to the findings, low level of burnout, medium-high compassion satisfaction, and low-moderate compassion fatigue symptoms were detected. Low level of anxiety, depression, somatization, hostility, and low self-esteem were found. Based on the results of the regression analysis, mental disengagement and planning coping strategies had a positive effect on compassion fatigue synergy ($p < 0.05$). Changing religion and self-restraint to overcome it had a positive effect on compassion fatigue ($p < 0.05$). Although depression had a positive effect on burnout, positive reinterpretation and growth strategies of nurses were effective in overcoming burnout ($p < 0.05$). Positive reinterpretation and growth coping strategies were also effective in increasing job satisfaction ($p < 0.05$).
Stéphanie Maillet, Emily A. Read (2022)	To determine the impact of six areas of work life such as emotional intelligence and psychological capital on compassion fatigue and compassion satisfaction among registered nurses in Canada and licensed practical nurses.	Cross sectional	Among registered nurses, compassion fatigue was predicted by psychological capital, workload, control, and community. Among licensed practical nurses, compassion fatigue was predicted by workload and psychological capital.
Hairong Yu, Anhua Qiao, Li Gui (2021)	To develop and test a model that describes the predictive relationship of several variables (compassion fatigue, burnout, compassion satisfaction)	Cross sectional	Factors related to life disruption and traumatic memories significantly predict burnout and compassion fatigue
Lijuan Yi, Jian Ca, Ting Shuai, Maria F. Jiménez-Herrera, Lei Gu ⁵ and Xu Tian (2024)	To investigate the effect of moral courage on compassion fatigue among nurse interns in China, focusing on the mediating role of moral sensitivity and professional identity.	Cross sectional	Professional identity has a negative impact on compassion fatigue
Jia Wang, Mei Su, Wenzhong Chang, Yuchong Hu, Yujia Ma,	To determine the factors that influence compassion fatigue and compassion satisfaction in obstetrics and gynecology nurses and	Cross sectional	Physical status, number of children, emotional exhaustion, lack of success in carrying out tasks and responsibilities, emotional exhaustion and not being an only child can affect compassion fatigue

Peijuan Tang, Jiaxin Sun (2023)	to explore the combined results of various factors.		
Fengjiao Chen, Yamei Leng, Jiping Li, Yuhuan Zheng (2022)	To investigate compassion satisfaction and compassion fatigue in hematology nurses and their associated factors.	Cross sectional	Nurse competence in teaching/consultation and communication/coordination in critically ill patients > 60% thus predicting higher CS. Nurse-patient conflict events predict more burnout. In addition, working hours > 40 hours per week, which have nurse-patient conflicts so that they need psychological support and predict higher secondary traumatic stress.
Liqin Ye, Xianping Tang, Yanyang Li, Yutong Zhu, Jiaxin Shen, Ying Zhu and Fang Fang (2024)	To assess the prevalence and associated factors of compassion fatigue among nurse interns.	Cross sectional	Psychological resilience and empathy are the main strongest supporting factors for compassion satisfaction and burnout, respectively ($p < 0.001$), and the number of night shifts per month is the most significant positive independent predictor of secondary traumatic stress ($p = 0.001$). In addition, male gender negatively predicts job satisfaction ($p = 0.009$). Younger age and longer daily working hours were associated with increased levels of workload fatigue and secondary traumatic stress ($p < 0.05$). Internship time negatively affected secondary traumatic stress ($p = 0.005$).
Yu Wang' Yingli Li, Wanting Li, Aixue Chen, Zhuocheng Sun (2022)	To explore the mechanisms by which three factors of compassion fatigue affect caring ability in young psychiatric nurses.	Cross sectional	The three factors of compassion fatigue affected the ability of new nurses in the order of compassion satisfaction > fatigue > secondary traumatic stress by analyzing which one was the most dominant; (2) fatigue played a partial mediation effect between compassion satisfaction and caring ability; and (3) secondary traumatic stress and fatigue had a mediation effect between compassion satisfaction and caring ability.
Almaz Mirutse, Zuriyash Mengistu and Ketema Bizuwork (2023)	To measure the prevalence of compassion satisfaction, burnout, compassion fatigue, and associated factors among Nurses.	Cross sectional	Nurses who received low monthly income had significantly lower compassion fatigue scores ($P = 0.002$)
Jia-Ning Li, Xiu-Min Jiang, Qing-Xiang Zheng, Fen Lin, Xiao-Qian Chen, Yu-Qing	To examine the mediating effect of resilience between social support and compassion fatigue in nursing and midwifery interns during COVID-19.	Cross sectional	Nursing and midwifery internship students experienced moderate compassion fatigue. Social support negatively affected compassion fatigue ($\beta = -0.310$, $p < 0.01$), while resilience

Pan, Yu Zhu, Ru-Lin Liu and Ling Huang (2023)			negatively affected compassion fatigue ($\beta = -0.283, p < 0.01$).
Winnie Lai-Sheung Cheng, Anson Chui-Yan Tang, Katherine Lai-Sheung Siu (2024)	To examine the relationship between moral distress, compassion fatigue and burnout on intention to leave the nursing program among nursing students.	Cross sectional	Burnout was a strong predictor of intention to leave the nursing program among nursing students.
Ting Shuai, Yan Xuan, Maria F. Jiménez-Herrera, Lijuan Yi* and Xu Tian (2024)	To determine the impact of moral distress on compassion fatigue among interns and to explore the mediating role of moral resilience and professional identity.	Cross sectional	Moral resilience and professional identity partially mediated the relationship between moral distress and compassion fatigue
Li-Juan Yi, Jian Cai, Li Ma, Hang Lin, Juan Yang, Xu Tian and Maria F. Jiménez-Herrera (2022)	To reveal the current status of compassion fatigue among interns in college and also to investigate the relationship between compassion fatigue and professional identity.	Cross sectional	The mean score of compassion fatigue was 44.99. This study found a negative correlation between compassion fatigue (including secondary traumatic stress and burnout) and professional identity. The negative relationship between compassion fatigue and professional identity has also been tested among general nurses, operating room nurses and ICU nurses. Professional identity is an ongoing process, shaped by educational experiences, life experiences, work experiences and social media
Gulcan Taskiran Eskici, Ece Uysal Kasap, Emel Gumus (2023)	To reveal the relationship between nursing managers' leadership behaviors and nurses' job satisfaction and compassion fatigue during the COVID-19 pandemic.	Cross sectional	Nurses mostly reported their managers as employee-oriented and change-oriented leaders. Nurse managers demonstrated employee-oriented leadership behaviors, nurse compassion fatigue decreased and job satisfaction increased
Yiming Zhan, Qianwen Peng, Wanglin Dong, Cui Hou and Chaoran Chen (2023)	Professional identity and sense of coherence influence between compassion fatigue and work engagement among Chinese hospital nurses.	Cross sectional	The results showed that compassion fatigue was significantly negatively correlated with sense of coherence, professional identity and work engagement ($P < 0.01$)

The results of several reviewed journals state that the factors that cause compassion fatigue are the physical status of nurses/ fatigue, the number of dependent children, lack of success in carrying out tasks and responsibilities, emotional exhaustion, nurse competence in caring for patients, the number of night shifts, male nurses, compassion satisfaction, low income of nurses.

Nurses' physical status can affect compassion fatigue because poor physical condition can increase their susceptibility to emotional and physical exhaustion. When nurses feel tired, lack sleep, or experience other physical health problems, they may find it more difficult to provide care with the necessary empathy (Sasso & De Luca, 2020). This is in accordance with the study of Gorgulu & Yıldız (2021) poor physical health with increased levels of compassion fatigue, indicating that nurses who experience more physical problems (such as fatigue or injury) are more susceptible to emotional exhaustion.

The number of dependent children can affect nurses' compassion fatigue because of the dual demands that nurses have to face, both at work and in their personal lives. Nurses with more children may feel more burdened because they have to divide their attention and energy between emotional and demanding work and responsibilities as parents. This additional burden can exacerbate stress and increase the risk of compassion fatigue. This is in accordance with research on emotional, physical, and social factors, including family dependents, which affect the level of compassion fatigue in nurses (Zerbini & De Gennaro, 2021).

Lack of success in carrying out professional duties and responsibilities can be a significant cause of compassion fatigue in nurses. The inability to provide effective care and meet the expectations of patients or coworkers is often associated with feelings of deep emotional exhaustion, known as compassion fatigue (Perez-Garcia & Vázquez-García, 2021).

Nurses with low competence or lack of skills in managing stress, interacting with patients, and dealing with challenges at work can increase the risk of emotional and physical exhaustion (Labrague & De los Santos, 2022).

Nurses' work with shift schedules is often a problem of compassion fatigue. Nurses experience compassion fatigue during the night shift because of the 10-hour working hours. At night, the body and mind should rest, but they must continue to do activities (Rhamdani & Wartono, 2019). Night shifts cause fatigue, unhealthy body conditions can cause various fatal work problems and industrial accidents. Previous research results show that fatigue factors are significantly and highly related to the occurrence of work stress (Rhamdani & Wartono, 2019).

Gender determines different coping strategies in responding to stress. Male nurses are more likely to rely on coping mechanisms so that they respond to stress by suppressing their feelings, which is associated with the use of more internal coping strategies, while women talk about their problems more often and seek social support. This imbalance can cause excess stress to accumulate in male nurses, which ultimately increases the risk of compassion fatigue (Sasso & De Luca, 2022).

Nurses with low compassion satisfaction tend to be more susceptible to compassion fatigue, because they feel trapped in demanding and emotional work without any sense of satisfaction or meaning. Compassion satisfaction and compassion fatigue have an impact on the performance and well-being of health workers, including nurses (Doherty & Boustani, 2020).

Low income can have a significant impact on the psychological and emotional well-being of nurses. In the context of compassion fatigue, economic factors, including low income, can exacerbate this condition in various ways. Nurses who face economic hardship, for example due to low wages, may experience additional stress that worsens their emotional state. Acker (2019) explains how financial pressure can exacerbate workplace stress, further increasing the risk of compassion fatigue among healthcare workers. 9. Professional identity is defined as an individual's identity of understanding their own profession professionally related to their practice, and it is the feeling and knowledge of the professional value of their profession and the development of their personal abilities in the profession as a nurse (Zhang et al., 2023).

D. CONCLUSION

The factors that cause compassion fatigue in nurses are very complex and interrelated, including fatigue, number of dependent children, lack of task completion, nurse competence, nurse schedules with shifts, coping of male nurses, nurse income, low compassion satisfaction. It is important to find solutions to the causes of these factors and improve the quality of life of nurses and reduce the risk of compassion fatigue.

Compassion fatigue in nurses is a very complex condition and is influenced by various interrelated factors. Emotional and physical exhaustion due to intensive interaction with suffering patients, coupled with external factors such as the number of family dependents (eg children), lack of ability to complete tasks effectively, and irregular work schedules (such as shift systems) can worsen this condition. In addition, inadequate nurse competence, stress related to inadequate income, and low levels of compassion satisfaction (satisfaction in providing care) can worsen the risk.

Other factors, such as differences in how male and female nurses cope with stress or face heavy work (coping mechanisms), also play an important role in the formation or decline of nurse well-being. Therefore, solutions to reduce compassion fatigue must involve a holistic and multidimensional approach that focuses not only on the work aspect, but also on the well-being of nurses. Overcoming compassion fatigue is not an instant thing, but with a sustainable approach and attention to personal well-being, nurses can be more resilient and continue to provide good care to patients without neglecting their own health.

REFERENCES

1. Acker, G. M. (2019). *Burnout and Compassion Fatigue: A Guide for Mental Health Professionals*. Routledge.
2. Carthon, J. M. B., Hatfield, L., Brom, H., Houton, M., Kelly-Hellyer, E., Schlak, A., & Aiken, L. H. (2021). System-level improvements in work environments lead to lower nurse burnout and higher patient satisfaction. *Journal of nursing care quality*, 36(1), 7-13.

3. Chen, F., Leng, Y., Li, J., & Zheng, Y. (2022). Compassion satisfaction and compassion fatigue in haematology cancer nurses: A cross-sectional survey. *Nursing Open*, 9(4), 2159–2170.
4. Cheng, W. L. S., Tang, A. C. Y., & Siu, K. L. S. (2024). Examining the effects of moral distress, compassion fatigue and burnout on intention to leave among nursing students in Hong Kong: A cross-sectional study. *Applied Nursing Research*, 80.
5. Doherty, S., & Boustani, M. (2020). *Exploring Compassion Satisfaction and Compassion Fatigue in Healthcare Providers: A Review of the Literature*. *Journal of Healthcare Management*, 65(3), 171-181.
6. Gorgulu, R., & Yıldız, D. (2021). The effects of physical health and stress levels on compassion fatigue in nursing professionals: A cross-sectional study. *Journal of Clinical Nursing*, 30(1-2), 247-256.
7. Labrague, L. J., & De los Santos, J. A. A. (2021). Work-related stress, burnout, and coping mechanisms among frontline nurses: A systematic review. *Journal of Nursing Management*, 29(4), 816-824.
8. Li, J. N., Jiang, X. M., Zheng, Q. X., Lin, F., Chen, X. Q., Pan, Y. Q., Zhu, Y., Liu, R. L., & Huang, L. (2023). *Mediating effect of resilience between social support and compassion fatigue among intern nursing and midwifery students during COVID-19: a cross-sectional study*. *BMC Nursing*, 22(1).
9. Maillet, S., & Read, E. A. (2024). Areas of work-life, psychological capital and emotional intelligence on compassion fatigue and compassion satisfaction among nurses: A cross-sectional study. *Nursing Open*, 11(2).
10. Mirutse, A., Mengistu, Z., & Bizuwork, K. (2023). Prevalence of compassion fatigue, burnout, compassion satisfaction, and associated factors among nurses working in cancer treatment centers in Ethiopia, 2020. *BMC Nursing*, 22(1).
11. Nce, H., & Aslan, H. (2022). Fatigue and burnout in nurses during the COVID-19 pandemic. *Medicine Science International Medical Journal*, 11(1), 310.
12. Rhamdani, I., & Wartono, M. (2019). Hubungan antara shift kerja, kelelahan kerja dengan stres kerja pada perawat. *Jurnal Biomedika dan Kesehatan*, 2(3), 104–110.
13. Sasso, L., & De Luca, P. (2020). Compassion fatigue in healthcare workers: Impact, causes, and prevention strategies. *Journal of Advanced Nursing*, 76(5), 1234-1244.
14. Septiani, H., Dwidiyanti, M., & Andriany, M. (2022). the Influence of Mindful Thought on Emotional Regulation in Adults: a Literature Review. *Nurse and Health: Jurnal Keperawatan*, 11(1), 70–79.
15. Shuai, T., Xuan, Y., Jiménez-Herrera, M. F., Yi, L., & Tian, X. (2024). Moral distress and compassion fatigue among nursing interns: a cross-sectional study on the mediating roles of moral resilience and professional identity. *BMC Nursing*, 23(1).
16. Sulisty, C. R., Simanjuntak, M. I. P., Juniarta, & Kasenda, E. (2022). Compassion fatigue perawat di masa pandemi COVID-19. *Nursing Current: Jurnal Keperawatan*, 10(1).
17. Taskiran Eskici, G., Uysal Kasap, E., & Gumus, E. (2023). Relationships between leadership behaviour of nurse managers and nurses' levels of job satisfaction and

- compassion fatigue during the COVID-19 pandemic. *Nursing Open*, 10(7), 4548–4559.
18. Wang, J., Su, M., Chang, W., Hu, Y., Ma, Y., Tang, P., & Sun, J. (2023). Factors associated with compassion fatigue and compassion satisfaction in obstetrics and gynaecology nurses: A cross-sectional study. *Nursing Open*, 10(8), 5509–5520.
 19. Wang, Y., Li, Y., Li, W., Chen, A., & Sun, Z. (2023). Effect of compassion fatigue on the caring ability of young psychiatric nurses: A dominance analysis and chain mediation model. *Nursing Open*, 10(7), 4313–4320.
 20. Westphaln, K. K., Regoeczi, W., Masotya, M., Vazquez-Westphaln, B., Lounsbury, K., McDavid, L., Lee, H. N., Johnson, J., & Ronis, S. D. (2021). From Arksey and O'Malley and Beyond: Customizations to enhance a team-based, mixed approach to scoping review methodology. *MethodsX*, 8, 101375.
 21. Ye, L., Tang, X., Li, Y., Zhu, Y., Shen, J., Zhu, Y., & Fang, F. (2024). The prevalence and related factors of compassion fatigue among nursing interns: a cross-sectional study. *BMC Nursing*, 23(1).
 22. Yeşil, A., & Polat, Ş. (2023). Investigation of psychological factors related to compassion fatigue, burnout, and compassion satisfaction among nurses. *BMC Nursing*, 22(1).
 23. Yi, L., Cai, J., Shuai, T., Jiménez-Herrera, M. F., Gu, L., & Tian, X. (2024). Mediating effect of moral sensitivity and professional identity between moral courage and compassion fatigue among nursing interns: a cross-sectional study. *BMC Nursing*, 23(1).
 24. Yi, L. J., Cai, J., Ma, L., Lin, H., Yang, J., Tian, X., & Jiménez-Herrera, M. F. (2022). Prevalence of Compassion Fatigue and Its Association with Professional Identity in Junior College Nursing Interns: A Cross-Sectional Study. *International Journal of Environmental Research and Public Health*, 19(22).
 25. Zerbini, G., & De Gennaro, L. (2021). Relationship between physical and emotional stressors and compassion fatigue among nurses. *International Journal of Nursing Studies*, 114, 103828.
 26. Zhang, Y., Peng, Q., Dong, W., Hou, C., & Chen, C. (2023). Professional identity and sense of coherence affect the between compassion fatigue and work engagement among Chinese hospital nurses. *BMC Nursing*, 22(1).