

Compassion fatigue: Impact on healthcare providers of caring for the terminally ill

April 1 2009

Compassion fatigue in nurses, doctors and other front line cancer-care providers significantly impacts how they interact with patients, with patient families, with other healthcare workers, and with their own family, according to analysis by Indiana University School of Medicine and Regenstrief Institute researchers published in the March issue of the *Journal of Health Psychology*.

"The healthcare field is becoming more aware of the profound emotional disturbances that occur in healthcare providers when they witness the suffering and pain of their patients in the face of an incurable disease, such as cancer. Healthcare providers are often partners in this journey, and the understanding of the effects of caring for the terminally ill on the caregiver is limited," the researchers wrote. They reviewed 57 studies to identify the prevalence of compassion fatigue among cancer-care providers, how to detect it and means of prevention and treatment.

"Individuals who are drawn into healthcare careers may be more likely to develop compassion fatigue, based on their drive for perfection and to do their best for their patients. If you work in an environment where despite your very best efforts patients for whom you provide care will not survive, there is a set up for developing a sense of 'there is nothing I can do anymore,'" says the study's principal investigator Caroline Carney Doebbeling, M.D., associate professor of medicine and of psychiatry at the IU School of Medicine and a Regenstrief Institute research scientist.

The term compassion fatigue was first coined in the 1990s to describe a

syndrome experienced by a healthcare provider caring for individuals facing dire consequences as a result of their disease. Going beyond empathy or "feeling bad" for the person, it affects the nurse, doctor or other member of the healthcare team in a way that he or she often develops a distance from the patient as a way of self-protection.

Symptoms of compassion fatigue include chronic tiredness and irritability, lack of joy in life, engagement in behaviors which are fine in moderation, such as drinking, at a destructive level. Like individuals who have post traumatic stress disorder (PTSD), those with compassion fatigue often re-experience the deaths of their patients, according to Dr. Carney Doebbeling.

Compassion fatigue can lead individuals to protect or insulate themselves by loss of compassion, cynicism, boredom, decreased productivity, more sick days and ultimately higher turnover.

"How do you deal with compassion fatigue if you see patients every single day?" asks Dr. Carney Doebbeling. "In order to provide the best care to patients, the system, beginning with training in nursing and medical schools and residency, has to do a better job of helping those who go into cancer care learn what to expect and how to deal with it. On the job we need to create supportive work environments where supervisors and colleagues are aware that those who care for the sickest of the sick may be vulnerable to the triggers that could bring about compassion fatigue."

While compassion fatigue has not been labeled a psychiatric disorder, it can lead to depression and anxiety disorders, according to Dr. Carney Doebbeling, a member of the Indiana University Melvin and Bren Simon Cancer Center, who is an internist and a psychiatrist as well as a health services researcher.

"We are taught in medicine to be brave and to be strong, but there should also be a time and place for emotional expression, and perhaps even for crying. Doctors, nurses and other members of the healthcare team must be steady sources of support for patient. But when the patient encounter is over, at the end of the day, the doctor or nurse or social worker or clerk needs to be able to process everything they have seen and experienced. We need to support people who work with the sickest of the sick," she said.

Source: Indiana University ([news](#) : [web](#))

Citation: Compassion fatigue: Impact on healthcare providers of caring for the terminally ill (2009, April 1) retrieved 19 May 2024 from <https://medicalxpress.com/news/2009-04-compassion-fatigue-impact-healthcare-terminally.html>

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