

# Burnout, Compassion Fatigue and Vicarious Trauma

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## Introduction

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Compassion Fatigue (CF) in healthcare workers was first coined by Carla Joinson in 1992, in almost three decades following copious amounts of research have been done on this subject. Findings of the research indicate an astronomical growing problem, yet very little has been done to curb this problem. Today researchers agree that one of the major causes of compassion fatigue in nursing is a lack of education. Nurse's education doesn't include subjects dealing with self-care, burnout, vicarious trauma, and CF. Francoise Mathieu, an expert on CF, notes that after completing her degree and several courses in three different countries, she had not once heard the words self-care, burnout, and CF, and nor did I until it happened to me [1].

"Burnout is a depletion or exhaustion of a person's mental and physical resources attributed to his or her prolonged yet unsuccessful striving toward unrealistic expectations, internally or externally derived" Burnout is not trauma-related and could happen to anyone in all walks of life.

Vicarious Trauma (VT), also known as Secondary Traumatic Stress, describes a serious shift in the worker's worldview. VT happens when the trauma and suffering of others are transferred onto us in such a way that we are also traumatized even though we did not experience the trauma ourselves. "VT is the accumulative process: we are not referring to the most difficult story you have ever heard; we are talking about the thousands of stories you don't even remember hearing" [1].

CF is the deep emotional and physical erosion that occurs when helping professionals are unable to refuel and regenerate. "First, you should understand that it's a process. It's not a matter of one day, you're living your life with a great deal of energy and enjoyment, and the next, you wake up exhausted and devoid of any energy-both physical and emotional. Compassion fatigue develops over time-taking weeks, sometimes years to surface. It's a low-level, chronic clouding of caring and concern for others in your life whether you work in or outside the home. Over time, your ability to feel and care for others becomes eroded through the overuse of your skills of compassion. You also might experience an emotional blunting-whereby you react to situations differently than one would normally expect."

It is important to understand the difference between Burnout and CF and VT, having a better understanding will not only help you in recognizing these conditions in yourselves and your colleagues but also recognize and understand the factors that lead you to develop VT and/or CF.

Burnout is a term used to describe the physical and emotional exhaustion that can be experienced by workers working in positions with low job satisfaction, feeling overwhelmed and powerless at work. This can most definitely happen to nurses in addition to VT and CF, but burnout does not cause us to lose our compassion for others or change our view of the world. Many nurses, especially during the pandemic, are at high risk of burnout and burnout makes us more vulnerable to CF and VT. Job-related burnout is easily treated by changing jobs, however is not the case with CF.

I have been a qualified, practicing RN since 1986. In August 2016 I was diagnosed with adjustment disorder due to severe burnout. I followed every treatment plan prescribed to me to the letter with no positive outcome. By May 2017 I was in major clinical depression, living on hands full of antidepressants.

The two years following were a nightmare, I suffered severe retaliation from my employer, I was ostracized by the community I live in and I was financially cut off by workman's compensation. My ten-year relationship with my common-law partner had broken up, my family and friend relationships had become very strained and I was dismissed by two general practitioners (in retrospect I had just become a burden to them), to mention only a few of my experiences.

I was still determined to get better and started studying the works of Figley, Gentry, and Ludgate on compassion fatigue and this is where I started getting answers.

Today I have a good understanding of my condition and the

management thereof, but it remains a daily struggle. I have become a compassion fatigue professional to help myself overcome some of these obstacles.

The question I have is: Why in this day and age do nurses have to go to these extreme lengths to get help?

### Compassion Fatigue and COVID-19

The C19 Pandemic has highlighted the importance of nurses, something that has always been true but has gone unappreciated for centuries.

In doing research for this article I am again amazed at the amount of research that has been done to date on the effect of C19 on nurses, if all we are doing is research, we are missing the point! Another aspect of the research that I found incredible, is that most of the research done focuses on ICU nurses even though a study was done at a hospital in Wuhan comparing the frequency of burnout amongst frontline workers, clearly indicate that burnout frequency amongst ward nurses are significantly higher than ICU nurses, 39% versus 13% [2]. This was a small study of 220 frontline workers but the fact that the burnout frequency is 300% higher inward nurses should command our attention.

Watching C19 related news coverage I have been struck by the lack of coverage of nursing fatalities. Physician's deaths were headline news, interviews with family and colleagues, and then as an afterthought, oh yes, X number of nurses died. Nurse's deaths where/are rarely a focus on the news and many nurses have taken to social media in an attempt to bring attention to the problems they are facing, as a 35-year veteran RN I find this disrespectful and so should all the nurses out there.

In 2019, The National Syndicate of Nursing Professionals estimated a shortage of 18 million healthcare professionals by the year 2030, half of these being nurses. Half of the global healthcare workforce is composed of nurses. Nurses are truly the backbone of the healthcare system, yet 50% of the WHO member states reported having three or fewer nurses and midwives per 1000 population and 25% less than one nurse per 1000 population (WHO-2019). This estimate and report were done before the pandemic, what is it going to look like after the pandemic?

Alharbi et al. [3] describe burnout as a measurable condition that takes an unyielding personal toll on health care providers and leads to lower quality care and increased errors. He continues to point out the heavy personal toll of CF which including isolation from others, self-medicating with excessive alcohol intake, over-eating, drug use, and other harmful coping strategies. CF also increases absenteeism and turnover, and low morale.

Importantly, CF is known to be linked to situations where nurses believe their actions will not make a difference [4]. This is unfortunately true for many C19 patients admitted to hospitals.

There is a known emotional impact on nurses' witnessing prolonged suffering of patients [5,6]. This impact is specifically related to their perceived inability to alleviate

the suffering of those in their care. Research evidence shows that health professionals can experience several psychological problems when working in high-pressure and high-risk scenarios, such as in times of disaster and pandemic [3].

The literature clearly shows that burnout and CF are high among all health professionals but especially so for those who work in environments where they are confronted daily with large numbers of people for whom the outcome is dire. In living history, there has not been a situation in which this has impacted nurses worldwide on such a large scale for such an extensive period [7-14]

Current recommendations to front-line healthcare workers are:

- Ensure work-life balance
- Practice deep breathing
- Practice mindfulness
- Support others when possible

Is this the best that we can do?. There is a call for formal guidelines on self-care for frontline workers, and I'm sure as you read this there are boardrooms full of people theorizing these guidelines. All while the nursing population is in crisis and the situation is getting direr by the minute. A lot of lip service has been given to all the stakeholders that need to be involved in the mental health of the frontline workers, especially governments. With all the resources required (and so frequently discussed) for the pandemic, why is the most important resource, the nurse not taken care of?

The "cost of caring" is a concept that has been around for over a decade and CF is known as an occupational hazard for healthcare workers. Almost all hospitals have a department that deals exclusively with occupational hazards, some of these hazards include; sharps injuries, harmful exposures to chemicals and hazardous drugs, back injuries, latex allergy, and violence. It seems as if an occupational hazard is only recognized if it can be seen and measured, CF is invisible, so very little is done to curb and treat it and it is rapidly becoming one of the biggest occupational hazards healthcare systems have ever faced.

### Getting real help now

Self-care is the most important factor in treating, managing, and preventing burnout and CF. Good self-care can take you from surviving your work to thriving in your work. Self-care is so much more than taking a shower, doing your hair, and the endless new year resolutions we are all so fond of making and breaking. It involves taking stock of our relationship with every aspect of our work, as well as the balance between work and our personal lives. It is about assessments and brutal honesty to determine where you are in terms of burnout and CF and formulating a plan of action and sticking to it.

In an attempt to help nurses, I have compiled a (free) self-care course available at [www.essentialrecuperation.com](http://www.essentialrecuperation.com). Because I have suffered burnout and CF, this course has

no mumbo-jumbo and gets down to the essentials. Most importantly it has several assessments to help you get an understanding of what you are personally experiencing; it would hopefully enable you to seek help. Ask yourself this question: It would cost me nothing to do the self-care course, what would it cost me if I don't?

In conclusion, I would like to thank every nurse out there, I am humbled by the work you do. Today you are carrying the pandemic on your shoulders, you are the most courageous group of people.

#### **Social Message**

In an attempt to honor all the nurses that have lost their lives to COVID-19 worldwide, we are designing a website dedicated to them all. We need your help. Could you please email information on your colleagues that has died of COVID-19? Their full names, date of birth, and death as well as a short paragraph on who they were and how they will be remembered and if possible, a photo. @essentailrecuperation.com.

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