Application Of Nursing Theory: Compassion Fatigue

Application of Nursing Theory

Nursing theory is a science which has helped to develop and create a framework for the profession of nursing. Nursing theories are developed through concept analysis and vigorous research to help organize or improve knowledge that may be imperative to the profession of nursing. Concept Analysis is an important stage in theory development because it helps the scientist refine concepts under study and further refine the disciplinary content (Fitzpatrick & McCarthy, 2016). It is imperative to critique and analyze nursing content because it helps to move both the science and professional practice to a new stage of development (Fitzpatrick & McCarthy, 2016). Nursing theory and concept analysis are key components to the professional role of nursing. One may argue that without concept analysis, evidence based practice would not be possible because the profession of nursing would lack quality evidence surrounding a phenomenon to change practice. Although it may not always be recognized, concepts and nursing theories often are incorporated into the care provided by nurses on a daily basis.

The selected nursing concept, Compassion fatigue, is correlated to Jean Watson's theory of human caring. Watson's theory, emphasizes the importance for caregivers themselves to recover and heal before taking on the responsibility of caring for others in order to create the best healing environment possible for their patients. The nursing concept, compassion fatigue will further be defined in addition to a literature review, defining attributes, antecedents and consequences, empirical referents, constructed cases, theoretical applications of the concept and conclusion.

Definition of Compassion Fatigue

Compassion fatigue has been defined as a combination of physical, emotional, and spiritual depletion associated with caring for patients in significant emotional pain and physical distress (Sorenson, Bolick, Wright & Hamilton, 2017). This concept further explains that the professional nurse experiences emotional distress and burden from the suffering of those he or she cares for. This results in the nurse becoming emotionally and mentally exhausted and overwhelmed. Compassion fatigue leads to a situation in which the nurse bears the suffering of other which, in turn, can cause emotional exhaustion and inability to care (Fitzpatrick & McCarthy, 2016).

Literature Review

Given the multiple challenges and demanding circumstances which nurses must endure in practice, compassion fatigue is likely a more common phenomenon than some may accept.

What makes compassion fatigue in nurses different from that experienced by other helping professions is the constancy and proximity to tragedy over time (Boyle, 2015). For example, nurses can't remove themselves from their source of distress and they may be caring for multiple patients with devastating illnesses at one time (Boyle, 2015). Repeated exposure to stressful occupational situations early in a nursing career can precipitate early development of

compassion fatigue, as can a personal history of trauma (Peters, 2018). Compassion fatigue was first described in nursing literature as emotions, behaviors, and physical conditions associated with ongoing exposure to overwhelming work stressors (Matey, 2016). The literature related to compassion fatigue essentially adheres to the phenomenon as a state of exhaustion that is dependent on a caring relationship with a loss of coping ability (Nolte, Downing, Temane, & Hastings-Tolsma, 2017). All too often, compassion fatigue is the end result of a progressive process following prolonged stressful intense contact with patients with lack of sufficient rest to recover from these situations (Fitzpatrick & McCarthy, 2016). From experience in the nursing profession, it is apparent that most nurses enter the profession with the intent to help others and provide empathetic care for patients with critical physical, mental, emotional, and spiritual needs. Empathic and caring nurses, however, can become victims of the continuing stress of meeting the often overwhelming needs of patients and their families, resulting in compassion fatigue (Lombardo & Eyre, 2011). The exponential and complex demands of healthcare in the twenty-first century, place supreme stress on those providing care to others. As the need for healthcare continues to escalate, placing ever greater demands on nurses, such information can serve to inform the development of clinical practices which reduce burnout, ensure quality care and retain nurses in the workforce (Nolte et al., 2017). Compassion fatigue can have devastating results in nursing, it becomes the reason valuable healthcare providers disengage in the care they provide to others, experience change in clinical practice and ultimately opt to leave the profession.

Defining Attributes

Compassion fatigue has unique attributes that help define and differentiate it from other concepts. Three important attributes of the compassion fatigue concept would include a decline in empathy, emotional exhaustion, a decline in energy and poor work performance. Further attributes of compassion fatigue include emotional exhaustion, erosion of coping capabilities and a decline in work performance (McCarthy & Fitzpatrick, 2016).

Antecedent and Consequence

Nurses often find themselves interacting with patients as well as their families whom are in crisis thus making them vulnerable of compassion fatigue. There are many antecedents of compassion fatigue however, one of precedence includes prolonged exposure to clients' traumatic events and empathy for the suffering individual. Working in the nursing role and repeated exposure to others' traumatic events and physical and emotional trauma increases the risk for secondarily experiencing the traumatic event (Sorenson et al., 2017). As a result of compassion fatigue, many consequences may occur to the nursing professional providing care to others. Specifically, a consequence of compassion fatigue is the difficulty for nurses to compassionately engage. Nursing professionals who experience compassion fatigue have found it harder to compassionately or empathically engage with patients (Sorenson, et al., 2017). Nurses find the connections they form with their patients through therapeutic communication rewarding (Sorenson et al., 2017). However, compassion fatigue prevents this bond between the nurse and patient from occurring and eventually may affect whether the nurse finds true meaning in his or her work.

Empirical Referents

Empirical referents are the real-world instances that help determine the existence of the concept. Empirical referents of compassion fatigue include emotional or psychological and physical symptoms (Cross, 2019). Psychological symptoms include poor hygiene, poor endurance, lack of self esteem, depression, verbalizing lack if empathy and anxiety. An example of physical symptoms include headache, hypertension, nausea, diarrhea and poor sleep cycles. Educational awareness of beneficial behaviors and practices for nurses could reduce compassion fatigue risk factors and symptoms and help with coping strategies in the wake of stressors (Cross, 2019). Therefore, educating and reducing risk factors of compassion fatigue to prevent empirical referents among nurses is imperative because nurses who are satisfied and engaged are likely to provide better care for themselves and their patients (Cross, 2019).

Construct Cases

A model case is use of the concept of compassion fatigue as a pure example (Cross, 2019). A young nurse began her nursing career working on the oncology unit. Her dreams were fulfilled as she has always wanted to be an oncology nurse since her grandfather was diagnosed with cancer. This nurse wanted to provide empathetic nursing care to others and support them on their journey while they fought their cancer battle. She loved the connection she developed with her patients and their families. Recently, the unit experienced a staffing turnover. Now, positions were not being filled and the nurse to patient ratio had increased. Most recently, at home this nurse recently lost her grandmother unexpectedly, was taking care of her husband at home with a newly diagnosed traumatic brain injury and recently returned from maternity leave from having her fourth child. At home she has not been sleeping well due to having an infant and has been driving her husband to all of his doctor appointments after working a twelve hour night shift. This nurse began to resent her job as she felt like she was always having to take care of others. She felt at home she was supporting her children and husband. At work, she was providing support to her patients and their families. She became resentful because she was grieving the loss of her grandmother and felt as if she did not have the support the she needed. This nurse was emotionally exhausted and it was apparent that she could not empathize with her patients or relate to the families. She became short tempered and provided little compassion in the delivery of her care. This nurse complained to other staff members that she was tired as she experienced a vast decline in energy. Most recently, the care she provided was minimal and she began making documentation errors.

A borderline case can be defined as a concept having most of the defining characteristics of the concept, but not all of them (Cross, 2019). Casey is a registered nurse whom works in the intensive care unit at a children’s hospital. The patients assigned to Casey in this intensive care unit are of high acuity with a poor prognosis. Unfortunately, it is common for the children cared for on this intensive care unit to die. Despite the high acuity of the patient assignments of this unit, Casey works diligently to provide care to her patients and their families. Due to the intensity of the work entailed on this intensive care unit, Casey has begun to experience physical, emotional, and mental exhaustion. At times she seems socially disconnected from her patients and their families, is not interested in the profession and exemplifies a decline in work performance as she does not follow up on certain tasks. However, despite these deficits, Casey can compensate and overcome these traits by making sure she is taking her schedule lunch breaks rather than working through them. She can seek support from other colleagues and delegate tasks to lesson her workload. Casey is beginning to experience some symptoms of compassion fatigue ,but luckily these symptoms have not directly affected her patient care. This

is an example of a borderline case because initial symptoms of compassion fatigue are evident ,but are ultimately avoided. Casey is able to overcome and prevent herself from experiencing compassion fatigue because she has implemented coping strategies and self reflection to help her overcome these feelings.

A contrary case demonstrates the opposite of the model case which is compassion fatigue (Cross, 2019). Therefore, the opposite of compassion fatigue is compassion satisfaction (Cross, 2019). Lisa has been a trauma nurse for six years at a local hospital. The job is stressful and involves frequent exposure to patients and family suffering. Lisa has learned to set professional boundaries to prevent herself from becoming emotionally involved. Lisa expresses empathy in the nursing care she provides and is satisfied with her job because she knows she is making a difference in the lives of those she cares for. Her job can become overwhelming ,but she understands the importance of self reflection of her feelings. She addresses her emotional needs by reflecting upon the situations in which made her feel overwhelmed and addressing the positive differences she has made throughout her day. Her self awareness allows her to provide empathetic care, communicate effectively, provide excellent care. This is an example of a contrary case because Lisa is displaying compassion satisfaction and does not display any indicating attributes of compassion fatigue.

Theoretical Applications of the Concept

Theoretical perspectives have become frameworks for nursing practice and research in various settings and diverse populations. Compassion fatigue is relevant to Jean Watson's theory of human caring. Jean Watson's theory of human caring is grounded in the basic empathic relationship between the nurse and the patient; this theory advocates for relationship-based nursing (Lombardo & Eyre, 2011). A therapeutic relationship between the nurse and patient allows for the professional to express empathy. The caring theory defines nursing as the process of human-to-human caring which consists of four basic concepts: healing processes, interpersonal maintenance of relationship, the caring moment, and awareness of healing (Ozan, Okumu? & Lash, 2015). Watson's theory, emphasizes the importance for caregivers themselves to recover and heal before taking on the responsibility of caring for others in order to create the best healing environment possible for their patients (Watson, 2018). Furthermore, Watson's human caring theory is relevant to the nursing profession and the concept of compassion fatigue because self care of themselves will eliminate ones experiencing compassion fatigue and lead to providing optimal care.

Conclusion

Nursing theory provides evidence of the veracity of the concept of compassion fatigue for application to clinical practice and research related to nursing care. Nurses provide a number of specific functions, but the essential product they deliver is themselves (Nolte et al., 2017). Given the challenges faced by nurses in practice across the globe, there is an urgent need for research which details the most effective strategies for approaching compassion fatigue and those factors contributing to its development (Nolte et al., 2017) Compassion fatigue is correlated with Jean Watson's Human Caring theory as it suggests the importance self care to enable one to provide optimal care to others within the nursing profession. Concepts and nursing theories often are incorporated into the care provided by nurses on a daily basis. The knowledge I have gained from conducting a concept analysis of compassion fatigue will allow

me to improve my practice as a new nurse practitioner. As a family nurse practitioner, it will be important for me to reflect upon myself to avoid compassion fatigue. I have learned that I will be able to suppress compassion fatigue by focusing on the good I have provided and the difference I have made in the lives of those I care for.

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