



Review

Research Progress on Compassion Fatigue in Emergency Nurses

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Abstract

Compassion fatigue (CF) is a common mental health problem for medical staff. It refers to the emotional stress that occurs after providing care for people who suffer from illness. This article summarized the related concepts, status, influencing factors and countermeasures of compassion fatigue in emergency nurses, and provided a reference for improving compassion fatigue for emergency nurses. It was hoped that the physical and mental health of emergency nurses could be promoted.

Key words: Compassion Fatigue (CF); Emergency Department; Nurse; Review.

Introduction

With the change of nursing model, more and more attention had been paid to the humanistic care in nursing work, and the nurses were required to be more compassionate when facing patients (1); However, this long-term emotional effort easily caused the nurses to experience emotional numbness and work without passions, resulting in the problem of compassion fatigue (2); Especially, the emergency nurses who worked in the noisy environment and rescued the seriously ill patients, fell in a high-risk group with compassion fatigue (3). Compassion fatigue, if not discovered and effectively adjusted in time, not only endangered the physical and mental health of nurses; it might also lead to a series of problems, such as loss of nurses and declining quality of care, which was

closely related to their work quality and nursing services (4). This article summarized and analyzed the research status of compassion fatigue in emergency nurses, in order to improve the compassion fatigue in emergency nurses.

1 Related concepts of compassion fatigue

1.1 Compassion fatigue

It refers to a series of manifestations of post-traumatic stress disorder and increased burnout of the helper in the process of providing assistance services to the client, such as fatigue, headache, symptoms of sleep disorders, decreased sympathy and empathy, impatience and irritability, emotional exhaustion, negative self-image, depression, and even resignation, because of the pain of sympathizing with or suffering from the object of

assistance (5). Compassion fatigue composed of compassion satisfaction, burnout (BO) and secondary traumatic stress (STS). (Development was shown in Table 1)

1.2 Compassion Satisfaction

It refers to the sense of accomplishment of the helper in helping the recipient, and the happiness of the friendly support of the leading colleague.

1.3 Burnout

It refers to occupational exhaustion, job burnout etc., which is the physical and mental

fatigue and exhaustion of individuals under the weight of work (6).

1.4 Secondary traumatic stress

It refers to a negative behavioral and emotional consequences caused by exposure to extreme traumatic stress events experienced by trauma patients, such as fear, difficulty sleeping, invasive thoughts, avoidance of people with traumatic experiences etc. (7).

Table 1: The development of the concepts of compassion fatigue at home and abroad.

Year	Researcher	Definition
1992	Joinson(8)	It was first proposed by him that there was no formal definition, which was mainly characterized by complex emotional changes in the face of patients' inability to do anything, including headaches, inattention, exhaustion, depression, indifference and inefficiency.
2002	Figley(9)	Compassion fatigue was caused by caring for people who are experiencing difficulties and was essentially similar to post-traumatic stress disorder.
2005	Stamm(10)	Three-factor model of compassion fatigue: compassion satisfaction, burnout and secondary traumatic stress
2008	Adams(11)	The compassion fatigue was composed of two factors: secondary traumatic stress and burnout.
2011	Bing-Hai Sun(12)	In the process of providing material or physiological assistance to the rescued person, the rescuer was subject to the second-instance of the reality, the imaginary or the implicit rescue object, and reduced the interest and ability to the empathy of the rescue object. The sense of burnout that led to the rescue work, and even changed the original work values, accompanied by a series of psychological discomfort
2015	Harris et al(13)	Long-term self-sacrifice and/or long-term exposure to physical, emotional, and spiritual outcomes in difficult situations that prevented people from loving, caring, or sympathizing with others.

2 Current situation of compassion fatigue in emergency nurses in China and other countries

2.1 Compassion fatigue status of emergency nurses in other countries

Foreign scholars paid more attention to the mental stress state of the special group of emergency nurses and deemed that the emergency nurses were more stressful than other nurses (14). Therefore, the risk of compassion fatigue of emergency service providers was much greater than that of other service groups, and about 80% of

emergency nurses are at risk of compassion fatigue (15). According to Mangoulia and other studies, the probability of compassion fatigue in emergency nurses was 57.9%, which was at a high risk level (16). Gomez surveyed 67 emergency nurses at three general hospitals in California, USA, showing that 33% of the experimenters had compassion fatigue, which was much higher than those of oncology nurses (17); the results of Jarrad R showed that the symptoms of compassion fatigue were more serious in emergency nurses than in other specialist nurses (18). Hooper C's research showed that most emergency nurses with compassion fatigue often did not have good mitigation methods, often relying on sleeping pills, energy drinks, antidepressants, anti-anxiety drugs and smoking to decompress (19).

2.2 Compassion fatigue status of Chinese emergency nurses

Chinese research on nurses' compassion fatigue was relatively late compared to foreign countries, and mainly focuses on oncology nurses and ICU nurses (20, 21). But there were very few studies on nurses in emergency departments. Chen Wei et al. conducted a questionnaire survey of 152 emergency nurses in three tertiary hospitals in Shanghai (22). The results showed that the compassion fatigue in emergency nurses was much higher than that of other departments, and the emergency nurses in the tertiary hospitals were more likely to experience compassion fatigue under high-load and high-intensity working conditions.

3 Influencing factors of emergency nurses' compassion fatigue

3.1 General demographic factors

Age, working years, education and etc. of nurses can all affect the degree of compassion fatigue. Studies had shown that there was a statistically significant difference in the scores of compassion fatigue among nursing of different age groups (23). For the emergency nurses with the

ages between 31 and 40, the survey of compassion fatigue had the highest score. The reason may be that the nurses at this stage were not only the backbone of the department, but also played an important role in the family. Therefore, it was easy to cause psychological problems and eventually produced compassion fatigue. Zheng Mingwei and other studies had found that the compassion fatigue of the emergency nurses had a certain correlation with the working years (24); the nurses with the working years between 6 to 10 years had the highest score of compassion fatigue, while the nurses with the working life of more than 10 years had lower scores of compassion fatigue. It might be owing to that the emergency nurses in the ascending period had worked for 6 to 10 years, and therefore the physiological input and psychological investment in the work were more likely to lead to an increase in compassion fatigue; The emergency nurses with a working life of more than 10 years had adapted to the working environment of the emergency department, and their ability to relieve stress and deal with nursing problems was relatively strong, so the compassion fatigue was low. Hu Xiaoying and other studies had shown that the degree of compassion fatigue of undergraduate nurses was significantly lower than that of college nurses (25). It might be that undergraduate nurses could understand the connotation of emergency nursing work and had the ability to solve emergency emergencies.

3.2 Personal psychological flexibility

Psychological resilience refers to the process in which an individual actively responds to adversity, trauma or other major stresses, that is, the ability to rebound against difficult experiences (26). Studies had shown that nurses in the emergency department had a negative correlation between the level of compassion fatigue and the level of psychological resilience; The higher the level of psychological resilience, the lower the level of compassion fatigue, suggesting that improving the psychological resilience of emergency nurses can

reduce the level of compassion fatigue in emergency nurses; This was related to the high risk of nursing work in the emergency department, heavy responsibility and heavy load; It was an important point for the value of nursing services, and it was often at the forefront of public opinion (27).

3.3 Working factors

3.3.1 Working environment

The emergency department is a special department of the hospital. The environment is complicated, and the risk of nursing work is relatively high (28). Emergency nurses often encountered accidents such as car accidents, alcohol abuse, fighting, drug abuse etc., and were prone to emergency violent incidents (29). According to some surveys, the psychological pressure of nurses was related to the violence in the workplace (30). Nurses who had suffered physical and verbal violence were more likely to suffer from compassion fatigue. Emergency nurses working in this complex environment often brought great psychological pressure, which was more likely to cause compassion fatigue than nurses in other departments.

3.3.2 Work intensity

As emergency department treated critically ill patients, nurses had irregular work schedules, and work skills were strong, which made the significant mental stress of the emergency nurses (31). Studies had shown that shifts work of more than 8 hours for a long time easily led to compassion fatigue (32). Investigations by Steege LM et al. had also shown that long-term care tasks, as well as the handling of sudden emergency events, led to compassion fatigue in emergency nurses (33).

3.4 Social support factor

Studies had shown that social support was negatively correlated with compassion fatigue, and emergency nurses with higher social support tended

to have lower compassion fatigue (34). The emergency nurses who were praised by the head nurse or the patient in the work and supported by the family often had less compassion fatigue (35).

4 Emergency nurses' compassion fatigue countermeasures

4.1 Learn to adjust yourself

For emergency nurses who were in compassion fatigue, strengthening their psychological adjustment ability and correcting stress promoted their physical and mental health and improve the quality of nursing work (36). For example, proper rest, healthy eating, communication with others, proper exercise, self-meditation, etc. could alleviate the fatigue of compassion (37). Studies had shown that negative emotions were moderately positively correlated with compassion fatigue; however, self-compassion was a self-regulation method that could effectively alleviate negative emotions. Some studies had found that self-compassion had a protective effect on individual mental health. The higher the level of self-sympathy, the less likely it was to suffer from compassion fatigue (38). Therefore, the emergency nurses need to self-regulate and improve the level of self-compassion, thereby improving their self-management ability in the face of sudden or adverse events and reducing the feeling of compassion (39).

4.2 Improve working environment

Compared with other departments, the emergency department was likely to cause commotion fatigue in emergency nurses (40). Some surveys showed that a healthy working environment reduced burnout and improved compassion fatigue. Nursing managers should take active measures, such as applying for strengthening the security of the emergency department and preventing emergency violence (41). The matron can reasonably allocate nurses' work and rest time through flexible work arrangements. If the matron can adopt the APN scheduling model, it can

effectively allocate emergency medical resources and reduce the compassion fatigue of nurses in the emergency department (42).

4.3 Provide psychological support and organize psychological training

Nursing managers usually needed to pay more attention to the psychological status of emergency nurses, use positive psychology to intervene in emergency nurses, improve nurses' sense of well-being, and formulate scientific stress release and emotional management methods (43, 44). For example, the mental oasis studio was developed in the department to relieve the stress of the emergency nurses and reduce the feeling of sympathy (45). Conducting humanistic care themed activities regularly could improve the nurses' mental health and reduce compassion fatigue (46). Organizing Compassion Fatigue Resiliency training and nurse's personal reflection report could improve the nurse's psychological resilience and compassion fatigue (47, 48). Nursing managers used the focus solution model to reduce the anxiety of nurses in emergency department at work and avoided compassion fatigue (49).

4.4 Provide social support

Studies had shown that social support was a useful way to treat compassion fatigue (50). By improving social support, it was possible to improve the work enthusiasm of nurses and relieved the compassion fatigue (51). Australian scholars developed a Care Provider Support Program (CPSP) to improve the psychological recovery of nurses and reduce the compassion fatigue of caregivers through strong social support (52). As one of the social support forces, nursing managers could improve the compassion fatigue of emergency nurses through a series of measures, such as various reward systems. Compassion fatigue of nurses in the emergency department could also be prevented by mutual support and encouragement (53).

Conclusion

The emergency department has nursing work of high risk, great responsibility and heavy load. Nurses are prone to compassion fatigue, which is a major psychological problem affecting the physical and mental health of nurses. Therefore, nursing managers should pay attention to the compassion fatigue of nurses in emergency department and choose scientific and effective interventions. The literature search found that there were many studies on compassion fatigue interventions in emergency nurses abroad; however, there were relatively few studies on this aspect in China, and most of them focus on quantitative research, and qualitative research was less. Researchers should carry out related research and further explore the problem of nurses' compassion fatigue in emergency department through a combination of quantitative research and qualitative research to improve the compassion of nurses in emergency departments, stabilize the team of emergency nurses, and promote the sustainable development of nursing.

Declarations

1) *Consent to publication*

We declare that all authors agreed to publish the manuscript at this journal based on the signed Copyright Transfer Agreement and followed publication ethics.

2) *Ethical approval and consent to participants*

Not applicable.

3) *Disclosure of conflict of interests*

We declare that no conflict of interest exists.

4) *Funding*

None

5) *Availability of data and material*

We declare that the data supporting the results reported in the article are available in the published article.

6) *Authors' Contributions*

Authors contributed to this paper with the design (YQH), literature search (YQH), drafting (YQH), revision (YQH and HZ),

editing (YQH and HZ) and final approval (YQH).

7) *Acknowledgement*

None

8) *Authors' biography*

None

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