FACTORS ASSOCIATED WITH COMPASSION FATIGUE SYNDROME AMONG NURSES – AN INTEGRATIVE REVIEW PROTOCOL

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ABSTRACT

An integrative review is method that summarises past empirical or theoretical literature to provide a more comprehensive understanding of a particular phenomenon of health care problems; hence it is best suited for nursing science. A systematically formulated review aids in building, nursing science, practice and policy initiatives. The authors prepared a protocol on integrative review using six steps for the condition of compassion fatigue syndrome among staff nurses. The objective of the review is to discuss the factors contributing to compassion fatigue syndrome among staff nurses using integrated review, the anticipated time period is 3 months.

Key words: *Compassion Fatigue Syndrome, Protocol, Integrative Review, Nurses.*

INTRODUCTION

Levin defines 'compassion' as a basic central value that is combined with the complication of emotions. The phenomena of compassion is dependent on an individual's capacity to develop a compassionate mentality and orientation involving such attributes as attention, awareness, motivation, wisdom, commitment and courage

Compassion fatigue is a concept which has gained considerable attention over the past couple of decades as the challenges of working in the health professions have become manifest

Compassion fatigue has been vicariously referred to as secondary traumatic stress, vicarious trauma, burnout and victimisation, among others inconsistent use of terminologies generates ambiguity and lack of clarity

Compassion fatigue (CF) has been variously defined, and the related concepts of Burnout, Secondary Trauma Syndrome and vicarious traumatisation (VT) are often used interchangeably and incorrectly to describe the phenomenon BO and STS are related to CF, but as defined by Stamm, they are two distinct outcomes of exposure.

Many definitions have been offered for compassion fatigue, a term introduced by Joinson (1992) and later developed by Figley (1995). Compassion fatigue has been variably interchanged with secondary traumatic stress, secondary traumatic stress disorder, vicarious stress and burnout, creating conceptual confusion

Burnout arises from a assertiveness-goal achievement response and occurs when an individual cannot achieve his or her goals and results in "frustration, a sense of loss of control, increased wilful efforts, and diminishing morale" but Secondary Traumatic Syndrome arises from a rescue-caretaking response and occurs when an individual cannot rescue or save someone from harm and results in guilt and distress Subsequently, Secondary Traumatic Syndrome and Burnout lead to Compassion Fatigue if the aforementioned symptoms are not mediated by a third, equally important concept of compassion satisfaction (CS). Compassion Fatigue and Compassion Satisfaction can be seen as the positive and negative consequences of working with individuals who have experienced or are currently experiencing trauma or suffering thus increasing the significance of building resiliency and the transformation from negative to positive aspects

Fig 1 the two edges of caring continuum compassion satisfaction vs. compassion fatigue

Defining and identifying risk for compassion fatigue

The most commonly used definition of Compassion Fatigue was developed by Figley "a state of exhaustion and dysfunction biologically, psychologically, and socially as a result of prolonged exposure to compassion stress and all it invokes".

Lynch and Lobo defined the attributes of Compassion Fatigue as an established relationship between the caregiver and the patient/client all associated with the caregiving role and the psychological and physical responses it arouses

Yoder *et al.* Identified triggering events based on nurses taking care of patients who were experiencing serious life-threatening situations and cases involving futile or palliative care. Lynch and Lobo [also identified system

issues or organisational factors, such as physical and emotionally demanding assignments and extra work days as risk factors for Compassion Fatigue.

Empathy is vital to the development of Compassion Fatigue, as the caregiver must have the ability to perceive and understand what their patient/client is experiencing and be able to communicate this understanding. Finally, the psychological response to the conflicting elements of empathy and suffering provides the foundation for on-going stress and subsequent Compassion Fatigue. Hence Compassion Fatigue results from "the change in empathetic ability of the caregiver in reaction to the prolonged and overwhelming stress of caregiving."

The Compassion Fatigue Process (Figley, 2001)

Consequences of compassion fatigue

Specific consequences as a result of compassion fatigue include sleep disturbance, hyper vigilance, fear, anxiety, difficulty concentrating, physical sensations such as tight muscles, feeling burdened, fatigued and overwhelmed with hopelessness and isolation resulting, along with disengagement (Figley, 1995). Other reported consequences include disconnectedness, decreased sense of fulfilment, spiritual emptiness, helplessness, dissatisfaction and a lack of motivation). Compassion fatigue has also been identified as a factor in patient safety, as well as accidents and poor quality of care, and is believed to exact a toll on organisational structure and costs.

In summary, compassion fatigue has largely been viewed as a temporal process that is the result of a cascade of events with intense, prolonged exposure. Given the multiple challenges and demanding circumstances which face nurses in practice, compassion fatigue is likely to be a far more common phenomenon than might be acknowledged. However, there has never been a systematic study of its prevalence or the extent to which nurse's experience compassion fatigue and how that might vary with individual characteristics and practice setting.

Description of methodology

Integrative review

A review method that summarizes past empirical or theoretical literature to provide a more comprehensive understanding of a particular phenomenon or healthcare problem (Broome 1993). Integrative reviews, thus, have the potential to build nursing science, informing research, practice, and policy initiatives.

Purposes

An integrative review is best designed for:

- Nursing
- review experimental and non-experimental research simultaneously
 - to define concepts
 - to review theories

- to review evidence/point out gaps in the literature
- to analyze methodological issues

Integrative review is the most comprehensive methodological approach of reviews, and it allows including experimental and non-experimental studies to fully understand the phenomenon analyzed. It also combines data from theoretical and empirical literature, and has a wide range of purposes, such as definition of concepts, review of theories and evidence, and analysis of methodological problems of a particular topic. The broad sample, together with multiple proposals, should create a consistent and comprehensive panorama of complex concepts, health theories or problems that are relevant for nursing

PHASES OF AN INTEGRATIVE REVIEW

Preparing the guiding question

Defining the guiding question is the most important phase of the review, because it determines which studies will be included, the means adopted for identification and information gathered in each selected study. Hence, it includes the definition of participants, the interventions to be evaluated and the results to be measured

Guiding question in the present protocol

What are the factors associated with compassion fatigue syndrome among nurses?

Definition of participants

All studies published 2010 to 2020 which study the compassion fatigue syndrome among nurses will be analysed

Interventions to be evaluated

A convergent synthesis of qualitative, quantitative, and mixed methods studies... The review will follow the guidelines for integrative reviews and the proposed methods will adhere to the PRISMA statement checklist complemented by the ENTREQ framework. As qualitative synthesis are emergent, all procedures and changes in procedure will be documented.

Searching/ sampling the literature

The aim of the literature review was to retrieve all relevant studies and not just a sample Data bases which were searched included Web of Science, CINAHL, PubMed, EMBASE, Google Scholar, and PsycInfo. Search terms will include "quantitative ""qualitative ""mixed methods" "nurses", "compassion fatigue", "secondary traumatic stress" and "vicarious stress"

Data collection

Inclusion criteria

- Studies of quantitative and qualitative /mixed methods designs performed on nurses regarding compassion fatigue syndrome
- Studies conducted between 2010 to 2020

Exclusion criteria

- Studies not meeting the methodological rigor
- Studies in languages other than English

ARTICLES

The following proforma will be used to screen and select studies

Data screening tool for factors associated with compassion fatigue syndrome among nurses

IDENTIFICATION DATA

Title of the study	
Title of the journal with indexing details	
Name & details of authors	
Country	
Language	
Year of publication	

Details of study

Institutional data	
Type of publication	
Methodological details	
Objectives	
Results with effect size	
Methodological rigor of the study	

After collecting data in the above format the studies will be critically analysed for the rigor, according to objective ad inclusion criteria and results will be critically analysed tabulated and presented

CONCLUSION

Nurses provide a number of specific functions, but “the essential product they deliver is they). The requisite behaviours essential for caring practice include presence, sharing, support and competence, with a resulting uplift from the effects of caring

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