

**FAST FACTS AND CONCEPTS #446**  
**COMPASSION FATIGUE AND COMPASSION SATISFACTION**  
**Matthew Aiken BS and Renee A Foutz MD**

**Background** Compassion fatigue (CF) is a stress disorder that can develop when caring for others who are suffering (1). Often referred to as “the cost of caring,” it can manifest as emotional exhaustion after attending to persons who are experiencing physical and/or emotional pain (1). In contrast, compassion satisfaction (CS) is the emotional fulfillment that is associated with caring professions (2). When CF becomes out of balance with CS, it can have negative consequences on a clinician’s well-being, and potentially lead to decreased quality of patient care (3-4). This *Fast Fact* will focus on defining both CF and CS, as well as discussing methods for management and prevention of CF.

**Compassion fatigue** was coined in 1992 but has since received more attention (especially during the COVID-19 pandemic) as there has been an increased emphasis on wellness among healthcare workers amidst widespread medical suffering (5). CF has been described as a secondary traumatic stress (STS) disorder (1). In healthcare, the patient’s trauma is referred to as the *primary* stress, while the trauma experienced by the person providing the care is referred to as *secondary* stress (1). Healthcare workers can experience chronic exposure to STS when caring for people with serious illness or injuries and/or emotional suffering (5). The terms STS and CF are often used interchangeably, and some controversy exists regarding the independent validity of CF as a condition. Proponents of CF as an entity typically understand it as a condition of emotional exhaustion that arises due to prolonged experiences of STS (5). All healthcare workers may be at risk, but those who frequently care for dying patients, patients with serious injury/illness, or patients suffering from emotional trauma may be more liable (6).

**Compassion satisfaction (CS)** is the fulfillment one receives from the work of patient care (2). While CF may be understood as a negative emotional effect, CS can be understood as the positive effect of helping others. It is the emotional reward when one feels that they have made a meaningful difference in the care of a patient (7). CS can be experienced simultaneously with CF and may also function as a protective factor against CF by helping healthcare workers identify meaning in their work (2,5). When CF becomes significantly out of balance with CS, chronic exhaustion and eventually burnout may result (7,8).

**Burnout and CF** may sometimes be conflated (see *Fast Facts* #167-170), although there are distinctions between the two (6). CF is due to the emotional fatigue from empathizing with distressed patients (8). While burnout can more broadly manifest in any field, CF is specific to professions where empathy is an inherent attribute (6). CF and burnout share similar risk factors, however, such as increased workloads and lack of organizational support. For these reasons, CF and burnout can be contributing factors to each other among healthcare professionals (9).

**Risk factors for CF** Individual risk factors for developing CF include treating complex patients with severe trauma, more years of work experience, difficulty detaching from work, and coping styles that are passive in nature (9-11). Organizational risk factors include increased workloads, inadequate resources, and an overwhelmed medical system (12-13).

**Signs & symptoms of CF** The signs and symptoms of CF relate to emotional exhaustion. They can manifest as a diminished capacity to exhibit empathy or sympathy, mental and emotional fatigue, and deteriorating job satisfaction (1,2,14). These emotional states can result in disrupted personal and professional relationships, decline in morale, and increased errors in patient care (1-3).

**Prevention and management** Prevention of CF can be accomplished by not allowing CF to become out of balance with CS (2). Awareness of the etiology, signs, and symptoms of CF can be one important step for healthcare workers and organizations to allow for early intervention. While increased CS has been shown to be helpful in mitigating CF, there is a lack of evidence regarding specific organizational strategies to improve CS and thereby prevent CF (2). Individual strategies that have been identified typically center around the ability to emotionally separate from work to feel renewed (15) and the cultivation of mindfulness practices to foster self-compassion (16,17). These strategies include but are not

limited to group debriefing about challenging patient situations, meditation, seeking therapy, prioritizing individual means of self-care, and identifying thought patterns of self-judgment and criticism (6,9,16-18).

**Summary** CF is a stress disorder that may arise as the cumulative outcome of caring for patients who are enduring traumatic experiences. CS is the emotional reward one can feel from patient care. When CF is experienced out of proportion to CS, it can have harmful effects on work performance and individual well-being. Increased organizational awareness of and support for CF can protect both healthcare workers and their patients.

**Assessment Tool:** To access a tool to measure compassion fatigue and compassion satisfaction, visit <https://proqol.org/proqol-measure> (2).

## References

1. Figley CR. Compassion fatigue as secondary traumatic stress disorder: An overview. In: Figley CR, ed. *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*. Brunner/Mazel; 1995: 1-11.
2. Stamm B. *The ProQOL Concise Manual*, 2<sup>nd</sup> Ed. Published in 2010. Available at <https://www.proqol.org>. Accessed April 29, 2021.
3. Prins JT, van der Heijden FMMA, Hoekstra-Weebers JEHM, et al. Burnout, engagement and resident physicians' self-reported errors. *Psychology, Health & Medicine*. 2009;14(6):654-666. doi:10.1080/13548500903311554.
4. Kase SM, Waldman ED, Weintraub AS. A cross-sectional pilot study of compassion fatigue, burnout, and compassion satisfaction in pediatric palliative care providers in the United States. *Palliat Support Care*. 2019;17(3):269-275.
5. Joinson C. Coping with compassion fatigue. *Nursing*. 1992;22(4):116–120.
6. Forrest, L., Abdurrahman, M., & Ritsma, A. Recognizing Compassion Fatigue, Vicarious Trauma, and Burnout. In *Humanism and Resilience in Residency Training* (pp. 297-330). (2020). Springer, Cham.
7. Slocum-Gori S, Hemsworth D, Chan WW, Carson A, Kazanjian A. Understanding compassion satisfaction, compassion fatigue and burnout: a survey of the hospice palliative care workforce. *Palliat Med*. 2013;27(2):172-178. doi:10.1177/0269216311431311
8. Frey R, Robinson J, Wong C, Gott M. Burnout, compassion fatigue and psychological capital: findings from a survey of nurses delivering palliative care. *Appl Nurs Res*. 2018;43:1-9.
9. Benson, J., & Magraith, K. Compassion fatigue and burnout: the role of Balint groups. *Australian Fam Phys*. 2005;34(6):497–498
10. Figley CR, Ludick M. *Secondary traumatization and compassion fatigue*. In Gold SN, ed. *APA handbook of trauma psychology*. American Psychological Association; 2017:573-593.
11. Franza F, Del Buono G, Pellegrino F. Psychiatric caregiver stress: clinical implications of compassion fatigue. *Psychiatr Danub*. 2015;27:S321–7.
12. Franza F, Basta R, Pellegrino F, Solomita B, Fasano V. The role of fatigue of compassion, burnout and hopelessness in healthcare: experience in the time of covid-19 outbreak. *Psychiatr Danub*. 2020;32(Suppl 1):10-14.
13. Ruiz-Fernández MD, Ramos-Pichardo JD, Ibáñez-Masero O, Cabrera-Troya J, Carmona-Rega MI, Ortega-Galán ÁM. Compassion fatigue, burnout, compassion satisfaction and perceived stress in healthcare professionals during the COVID-19 health crisis in Spain. *J Clin Nurs*. 2020;29(21-22):4321-4330. doi:10.1111/jocn.15469
14. Figley CR. Compassion fatigue: Psychotherapists' chronic lack of self-care. *J Clin Psychol*. 2002;58(11):1433-1441.
15. Yu H, Jiang, A, Shen J. Prevalence and predictors of compassion fatigue, burnout and compassion satisfaction among oncology nurses: a cross-sectional survey. *Int J Nurs Stud*. 2016; 57: 28-38.
16. Babenko, O., et al., *Association of Physicians' Self-Compassion with Work Engagement, Exhaustion, and Professional Life Satisfaction*. *Med Sci (Basel)*, 2019. 7(2).
17. Muris, P. and H. Otgaar, *The Process of Science: A Critical Evaluation of more than 15 Years of Research on Self-Compassion with the Self-Compassion Scale*. *Mindfulness*, 2020. 11(6): p. 1469-1482.
18. Hezezi JA. Evaluation of a meditation intervention to reduce the effects of stressors associated with compassion fatigue among nurses. *J Holis Nurs*. 2016;34(4):343-350.

**Conflicts of Interest:** The authors have disclosed no relevant conflicts of interest.

**Institutional affiliations:** Medical College of Wisconsin, Milwaukee, WI.

**Version History:** Originally edited by Drew A Rosielle MD; first electronically published in June 2022.

**Fast Facts and Concepts** are edited by Sean Marks MD (Medical College of Wisconsin) and associate editor Drew A Rosielle MD (University of Minnesota Medical School), with the generous support of a volunteer peer-review editorial board, and are made available online by the [Palliative Care Network of Wisconsin](#) (PCNOW); the authors of each individual *Fast Fact* are solely responsible for that *Fast Fact*'s content. The full set of *Fast Facts* are available at [Palliative Care Network of Wisconsin](#) with contact information, and how to reference *Fast Facts*.

**Copyright:** All *Fast Facts and Concepts* are published under a Creative Commons Attribution-NonCommercial 4.0 International Copyright (<http://creativecommons.org/licenses/by-nc/4.0/>). *Fast Facts* can only be copied and distributed for non-commercial, educational purposes. If you adapt or distribute a *Fast Fact*, let us know!

**Disclaimer:** *Fast Facts and Concepts* provide educational information for health care professionals. This information is not medical advice. *Fast Facts* are not continually updated, and new safety information may emerge after a *Fast Fact* is published. Health care providers should always exercise their own independent clinical judgment and consult other relevant and up-to-date experts and resources. Some *Fast Facts* cite the use of a product in a dosage, for an indication, or in a manner other than that recommended in the product labeling. Accordingly, the official prescribing information should be consulted before any such product is used.