



**TRIGGERING FACTORS FOR COMPASSION  
FATIGUE AMONG NURSES AND NURSING  
INTERVENTIONS FOR HIGHER COMPASSION  
SATISFACTION**

A Literature Review

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<p>Abstract:</p> <p>Compassion Fatigue (CF) is identified as a unique form of Burn out that prevails among many healthcare professionals. CF could bring about severe psychological &amp; physical deteriorations in nurses. Nurses engaged in traumatic patient care in contrast to other nurses are highly prone to CF. The aim of the study is to explore variety of interventions for overcoming CF. Nurses are bound by the social responsibility of promoting well-being of clients, their family members and the whole community as well. The standards of compassionate care directed on client, their families and the whole community is significantly dependent on self-care levels of nurses. The importance of sustainable self-care standards of the nurses becomes central to the study since it directly impacts on levels of Compassion satisfaction (CS). CS is the inverse effect of CF. This study was carried out as a qualitative study using inductive data analysis methods. Data have been collected by referring to scientific articles selected through an exclusion &amp; inclusion criteria. Results were synthesized under two major themes to address the research questions using Granheim &amp; Lund theory. The discussion chapter analytically discusses the analyzed results in the light of the theoretical framework. Thus the study attempts to develop a uniform set of guidelines on enhancing self-care levels &amp; well-being of nursing professionals effectively. The transparency and the ethical standards of the study have been also accorded by research regulations of Finland. Since this study is mainly confined to researches undertaken in developed countries, other situations in many parts of the world are not reflected as intended. Moreover, Hospital policies or Administration policy frameworks in fostering higher self-care standards should also be subject to more exploration using other theoretical bases.</p>	
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## Abbreviations

1. CF- Compassion Fatigue
2. CS-Compassion Satisfaction

## **FOREWORD**

I should be really grateful to all those who supported me with any sort of assistance throughout the process of writing thesis from the beginning to the Conclusion. Particularly Pamela Gray being the head of the thesis writing course has been excellent for every one of us since she is so much dedicated to the task since she valued the process of teaching in a higher level. And I should also remind assistance of other fellow teachers including Denise and Satu by that time. Furthermore I should remind the immense cooperation I received from my thesis group mates and from my beloved wife at the starting point of the thesis writing last year. Those group discussions held created a mind-blowing stream of thoughts by the time where we all needed different angles of perceptions for the new challenge confronted.

## 1. INTRODUCTION

As known by many, the role of the nurse in modern world is significantly challengeable and highly stressful despite the professional achievements it guarantees for a professional nurse. Higher workloads due to staff shortages, unsatisfying patient demands, mandatory overtime and continuation of maintaining required standard of skills are several of these factors triggering constraints and distress in the nursing profession. (Hajra,2016). The Compassion fatigue which is a relatively new concept among nurses has also been recognized as one of the impeding factor on their overall well-being. Consequently, It can lead to poor patient caring standards at the end of the day. It is believed to be connected with the own working environment and nursing practices including caring for patients with trauma, pain or sufferings. ( Sabo,2011).

Compassion fatigue inversely correlates with the concept of compassion satisfaction. Compassion satisfaction is one of the key caring concept that all the healthcare professionals including nurses are ought to be consistently practicing of. Nurses' compassion satisfaction is the feeling of happiness which drives them in accomplishing their professional responsibilities towards patients effectively. ( Proqol Institute, 2017)

This compassionate care lies along with one of the main provision of American Nurses Association code of Ethics for Nurses with Interpretive. Under that provision number 6 of the code, the nurse participates in establishing, maintaining, and improving health care environments and conditions of employment conducive to the provision of quality health care and consistent with the values of the profession through individual and collective action. According to that, compassion, patience, and skill are habits of character of the morally good nurse.( American Nurses Association. 2017)

There are several scientific research studies have been conducted in the context of prevalence, effects, self-awareness, and risk factors of compassion fatigue experienced by nurses working in different work settings. (Sacco et al., 2015). In addition, there are specific articles which address the coping strategies, the importance of the mindfulness and the importance of a healthy working environment. My motivation to the constructing this specific research study has been derived from the inspiration of a universally directable compassion meditation of the Buddhism. It is to promote the inner peace of oneself against the all hindrances appearing in a

mind. Not only that, as he or she masters it continuously, that person will stay solid over any external or internal environmental embarrassments. In addition to that, there are also other therapeutic means and traditional means for improving compassion satisfaction. It deems that nurses are not adequately supported by scientific studies carried out so far in improving self-care standards from a catalogue of different choices. They research attempts to bring about a mixture of choices for nurses in enhancing self-care.

The research study is commissioned by a nursing lecturer of the Arcada University of Applied Sciences, Annika Skogster. The research is executed in the light of the selected theoretical framework which is the “*quality caring model*” designed by the Joanne R. Duffy who was a registered nurse in U.S.A. The background section is composed of theoretical knowledge about the concept, the prevalence and an answer to one of the research questions. The study collects already existing scientific literature across academic online databases. The Methods used in the study is the qualitative design. Accordingly, the results of selected scientific articles are inductively analyzed using Graneheim and Lundman theory in answering the research questions. The discussion sections will be constructed with new knowledge associating the result section. This new knowledge is all about a further elaboration and a reviewing of the results in a critical manner. It also lets the reader think in a broader perspective of the research findings. The study then followed up by conclusion section and limitation sections as well.

## **2. BACKGROUND**

The nursing profession including particularly critical nursing is enormously dealt with working with human sufferings, pain, patients who are subjected to physical and sexual violence and deaths as well. Under these circumstances nurses are at higher risk to be emotionally exhausted at the work. As a coping strategy, most nurses tend to refrain from being emotional when providing the care to their patients. The intense nature of a relationship which is built between the patient and the nurse could be the source of compassion fatigue, thereof the nurse becomes both the witness to, and participant in, the patient's traumatic event. ( Petleski, 2013).

Further the general tendency is that the health care providers are at a risk for emotional exhaustion from their work. Therefore maintaining a consistent level of compassionate care is extremely challengeable in the emergency care wards. Even though it is yet recognized as a core value in nursing. In the perspective of nurses, the caring is essential to the nurse's overall sense of physical and mental well-being, emotional safety, and satisfaction. (Petleski , 2013).

### **2.1 The concept of compassion fatigue**

The compassion fatigue has been firstly defined within its context by C:RJoinson in his publication in 1992 regarding his work in emergency room personnel. She identified the compassion fatigue as a unique form of burnout that affects individuals in care giving roles ( Lombardo and Eyre 2011).

The next author who worked tremendously in developing this concept is Charles Figley. He drew up the limitations of the previous definition by Joinson. According to him, the Compassion Fatigue is defined as a state of physical, emotional, and spiritual deterioration associated with caring for patients in significantly emotional pain and physical distress.(Lombardo and Eyre 2011) . Nurses who take care of traumatized patients could consequently become traumatized too by being exposed to the client's devastating story of the traumatic experience ( Stebnicki, 2008). As a consequence a similar form of traumatic stress could be exhibit in the behavior of the nurses giving care to those of the patients. The phenomenon is generalized as the 'cost of caring for others in emotional pain'. This emotional state later has been called as the Secondary Traumatic disorder/Stress ( Figley, 1983). When delivering compassionate care excessively and without concerning the negative effects towards

self, the caregiver could be in a higher risk of developing compassion fatigue. Figley developed a model of compassion fatigue in which the types of persons at highest risk for developing compassion fatigue, nature of constraints of vulnerable work environments, other contributing factors and treating mechanism etc. were addressed. The model is called professional quality of life. ( Figley, 2001).

## **2.2 compassion fatigue vs compassion satisfaction**

Compassion satisfaction is the inverse meaning for the term compassion fatigue. The professional quality of life is mainly about the precise balance between negative effects of compassion fatigue and positive effects of compassion satisfaction. Positive effects refer to the job satisfaction deriving from caring others with a compassionate approach while negative effects refer to negative feelings generated within the work environment of caring others for a long period of time. Particularly effects such as anger, frustration, depression are several instances for negative effects most commonly experienced by the nurses. ( Sacco ,2015).

By overcoming the risk factors contributing to compassion fatigue and using strategic approaches in recognizing the prevalence of compassion fatigue or by promoting compassion satisfaction through a variety of organizational practices, it has been suggested that a better level of professional quality of life can be achieved. ( Kelly, 2015).

## **2.3 CF and the interrelationship with Burnout, Secondary traumatic stress disorder.**

Compassion fatigue as already discussed, is said to be a unique form of Burn out. Though compassion fatigue is very distinctive in its own nature from these two other concepts. Empirically the meaning of it is constantly misinterpreted by using Burnout and Secondary traumatic disorder (STD) in describing the concept. Burnout and STD occur in two different levels as Burnout is usually associated with disappointments the nurses' experience as a consequence of failing to achieve career goals and due to the various difficulties persistent in accomplishing job duties. ( Cocker and Joss 2016) Besides Higher number of Willful efforts, decreased morale, loss of self-control could be some of these coping strategies which can be adopted in Burnout. Unlike Compassion fatigue, there will not be any symptoms of STD

presented and it is not typically linked to empathy as well.(Hunsakar and Heaston, 2015) Burnout is more of a work related stress which at a point could be modified by the effects being exposed to STD. Researchers have found that Burnout is a very common disorder among caring professions. ( Craig and Sprang, 2010)

STD occurs in completely different grounds when nurses are delivering care to patients who become victims of various types of traumatic situations. In that nurses become preoccupied or extremely tensioned as they are exposed to the emotional and physical pain suffered by the rescued person in the particular trauma. The nurses further frustrate as they couldn't rescue the victim from the trauma and ultimately are compelled to guilty and be stressed. (Cocker and Joss, 2016)

Burnout and STD will be transformed into the compassion fatigue if the symptoms of each disorder are not mediated by compassion satisfaction. ( Cocker and Joss, 2016)

## **2.4 The Prevalence of CF**

When observing the prevalence rates of Compassion fatigue among a selected sample of nurses, the first empirical example can be drawn from a survey conducted at a large Magnet-designated academic medical center in western New York State, New York state, U.S.A where all the critical care nurses and intensive care patients in the different critical care departments have been represented. The survey showed that 87% of the participants are reported with lower levels of CF and 43% of participants showed high levels of compassion satisfaction. This was conducted in year 2010. This survey is one of the rare surveys specifically conducted aiming the CF levels of critical care professionals. This study has further categorized prevailing levels of CF and CS on different basis. Age, gender, experience and educational level or the type the unit or the role of the nurse are the variables that the results have been classified into. According to these classified results, it can be seen clearly that each variable did have a significant impact on the prevailing levels of compassion fatigue and compassion satisfaction of critical care nurses working in all critical care units in the hospital. For instance female nurses showed a significant higher compassion satisfaction rate(n=199) than the male nurses(n=11) and the nurses over age of 50 have showed very low levels of compassion fatigue ( 87%).( Tara et al.,2015)

In another study which was carried out for measuring the prevalence of compassion fatigue, compassion satisfaction and Burnout among emergency department nurses employed across U.S.A has revealed low levels of compassion fatigue among Emergency care nurses and also higher to average level of compassion fatigue as well.( Heaston and Hunsaker, 2014).

Further the scores have been analyzed for other specific variables such as age and gender in order to determine whether there is a correlation between these variable with CF and CS. Accordingly elderly nurses have had relatively higher CS rates while younger nurses have been reported with relatively higher CF levels and no significant difference in the results of CF and CS levels among male nurses and female nurses has been seen.( Heaston and Hunsaker, 2014).

## **2.5 Professional quality of life and measuring scale**

Professional quality of life is recognized as the level of feeling of satisfaction gained from working as an assistant. The professional quality of life is dependent on negative and positive aspects a person experiences in doing his or her profession. The positive aspects are resulted in compassion satisfaction while negative aspects are ended up in compassion fatigue. The acute care nurses are also a group of professionals who work as assistants to their patients. In addition, the concept relied upon several key factors such as the nature of the work environment, Individuals' personal characteristics and the degree of exposure to the primary or secondary trauma in the unit. Poor work environments and consistent exposures to traumas as helpers may result in higher levels of compassion fatigue. In contrary someone would gain CF even in the absence of a poor work environment. ( Stamm, 2010)

The scale called the professional quality of life ( ProQol) is one of modern scale used around the world for measuring compassion satisfaction and compassion fatigue in the fields of caring patients who are reported as being victims of traumas. This scale was previously called “ the compassion fatigue self test”. This was initially developed by Charles Figley in 1980 and later on, further Developed by B.H Stamm in 1990. There by it was called the ProQOL. ( Stamm, 2010)

This particular scale is available currently in online format. The questionnaire is comprised of 30 questions. An answer can be chosen to each questions from given 5 alternatives answers.( Answers are ranged from ‘ never to very often base’).The participants are believed to complete

the test with good faith and depending on their experience for past 30 days in the relevant field. The scores are categorized into 4 levels -: scores < 25 is low, score between 25-50 and 50-75 are called average and > 75 is high. (Osland, 2015)

There are substantial benefits have been recognized when this scale is incorporated as a measuring tool of professional quality of life of Nurses and the related organization as well. The main benefit can be that the results are effectively reviewed and utilized in the changing process and decision making process at both aforementioned levels. It could be a source of brainstorming and self-examining about empirical facts of a particular matter. There by the deficit between the reality and the expected could be explicitly identified. Further the factors which are not anymore changeable can be understood as well. At individual levels, the results can be reviewed with regard to the work environment or personally. Collaboration of the individual's own family, a friend or a professional in the reviewing process would be more effective. . (Stamm, 2010)

## **2.6 The necessity of the Compassionate care in the perspective of nursing ethics and as an essential standard in Nursing profession**

The compassionate care is an identical and very much desirable core concept existing in the essence of contemporary caring theories. Caring theories defining nurses' ethical conduct have remarkably sealed an immense significance on compassionate care. For an instance first five caritas of Jean Watson's ten caritas process has established a milestone for nurses to understand the self-compassionate theory as a source compelling the nurses to compassionate care. "Cultivating loving kindness and equanimity towards Self and Others" and "Being present to, and supportive of, the expression of positive and negative feelings" can be stated as two of major theories mentioned in those 5 caritas processes applicable for compassionate care of the nurse. (Gustin and Wagner, 2012)

In UK's standards of the caring policy, the main concern is that the compassionate care and the ethical behavior of the nurses to be integrated into the high standards of caring process consisted of optimal levels of patient safety for their patients. In addition, Compassionate

caring of the nurse as a principle is interpreted with regard to one of the Christian ideals of Florence Nightingale as well. (Crowford et al., 2014)

On the next level, another nursing theorist, Bradshaw (2011) in his theories has identified three fundamental standards of compassionate care (character of the nurse, the competence in knowledge and skills, ward leadership) to meet the needs of the patients. Even though, these recommendations are based on the historical studies, yet they are sufficient for addressing modern caring standards. (Crowford et al., 2014)

## **2.7 The mindfulness and its relationship with compassion fatigue**

### **2.7.1 Mindfulness as a key element in Buddhism**

Mindfulness is recognized as one of the core principle in Teachings of Buddhism. A mind with completely controlled sensations and all kinds of secular stimulus being diminished is called as a person who attained Nirvana( Enlightenment). Nirvana is the term used in Sanskrit for expressing the sustainable peace in the mind which is resistible with any embarrassing thoughts receiving through sensations. A good level of mindfulness can be developed by identifying the causes of sufferings prevailing in the mind of oneself, by allowing to be free from sufferings and by adopting means to become free from sufferings. In the modern healthcare settings those strategies are utilized abundantly as mindfulness based therapies and interventions for curing stress, depression, anxiety and pain. In addition, it has gained an enormous attraction among researches since the concept has been able to produce positive psychological and physical health outcomes considerably.( Liu et al., 2013)

### **2.7.2 Mindfulness based improvised shorter meditation for diminishing CF**

There are many self-care interventions such as regular exercises, maintaining successful social relationships, sustainable physical well-being and religious insight available for nurses aiming to maintain higher compassion satisfaction levels. A unique and shorter version of a mindfulness based meditation tested in a pilot research has also been able to achieve a greater success in reducing the CF levels and increasing compassion satisfaction among oncology nurses in U.S.A. This shorter mediation is called “Loving kindness meditation”. It is designed

from the Buddhist teachings. This particular teaching aims to cultivate self-compassion within oneself. This is done by directing sympathy towards others despite whatever relationships they are having with each other. This is a very short breathing based mediation. It gradually improves positive thoughts by diminishing negative thoughts and leads to alleviate immune response or stress as well. This also leads to improve the overall professional quality of the life in a drastic manner. The techniques of this mediation can be comprehensively learned by the user himself by merely listening to an audio CD at home. This particular pilot study has been very much of successful. ( Julie, 2016)

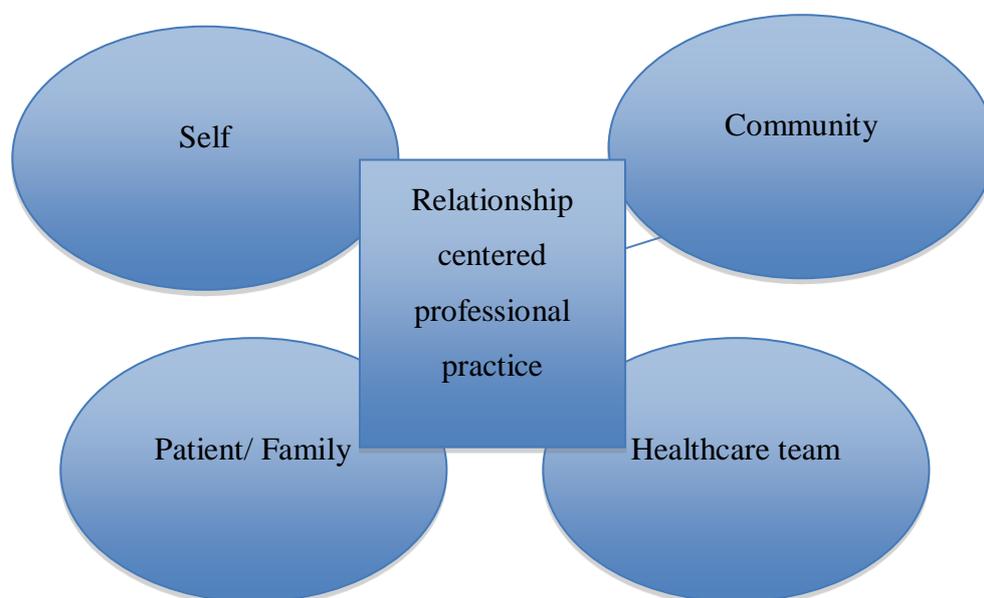
### 3. THEORETICAL FRAMEWORK

#### 3.1 The overview

Deciding on a relevant theoretical frameworks for this particular research study is very essential as a base since the phenomenon of compassion fatigue of nursing professionals is required to be addressed in a specific and a distinctive professional nursing perspective.

The selected “*Quality caring model*” as illustrated in the Figure 1 below is designed to be distinctive and to be specific to address a particular phenomenon at the question within a professional nursing perspective.

Figure 1: *Fundamental relationship in quality caring model-*



When a conceptual model of the metaparadigm concept is concerned, it is expected that human beings will be represented by a nurse or nurses, family, or a community requiring nursing and the environment will be represented by a significant category of others, the setup of the nursing practices and physical surroundings where the nurses are practicing in. This conceptual model will be consisted of all aspects of nursing practices and its methodology. (Fawcet and Desanto ,2012) Moreover this model focuses predominantly on the importance and benefits of developing positive relationships together with patients, with families of the clients and with the community in a broader context. This relationship is very distinctive and unique in a way

that it shows the relational outcomes exceed the ordinary boundaries of relational coordination and the how it is transformed into a relational co-production with these groups. The relational leadership which is developed by the nurses themselves leads to nourish and enhance the wellbeing of all the parties engaged in this process. ( Duffy , 2013)

Therefore by analyzing and applying the essence of the conceptual model of quality caring in nursing and health care systems adopted by Duffy , the study intends this particular model will be profoundly sufficient in directing the research study through the passage of analyzing, filtering , categorizing , presenting results and comparing the empirical gaps and lack of self-awareness in compassionate care of critical care nurses in practice of all forms of patient care settings.( Duffy, 2013)

The creator of this model, Duffy J.R is a renowned professor of research and evidence based practice in West Virginia University hospitals and also a director of the PhD program at the school of nursing at Robert C. Byrd health science center of West Virginia university. ( Duffy, 2013).

## **3.2 Fundamental relationship of the quality caring model**

### **3.2.1 First relationship – Relating to self/ self-caring**

Nurses in general are considered as constantly task or activity oriented group of professionals. The reason is that their role is demanded by high quality care and competence. The environments they work in is regularly consisted of heavy workloads, competing priorities, background noises and other interruptions etc. This nature of their professional life is very easily to be prone to stress, error promoting and unhealthy situations. The proper recognition of this situation by the nurses is very important otherwise the repercussions of not doing so would impede the successful relationship with patients. This element explicates the importance of practicing certain self-caring strategies including conscious awareness theories as essential and beneficial in the overall well-being of the nurse. The conscious awareness of the healthcare professionals helps them concentrate patients as human persons more deeply, holistically evaluate patient needs and investigate symptom base clinical decisions to improve the standards of the care. It can also be therapeutic to both nurses and patients or their family

members or the whole community. The nurses in addition are required to maintain a record of reflective feedbacks from patients, family or the community by recording them in a way, thereby they can learn from their own practice as to whom they are as nurses, their view of discipline, deep thoughts to be exposed from past crucial meetings with patients or family etc. Thus they also be used to clarify or enhance the future practice)Regular attention to self-help and reflection generates the wisdom. Providing enough time for self-care, assigning a precise insight for own emotions, thoughts, bodily sensations, other feelings contribute to well-being.( Joanne and Joanne, 2013)

Psychoeducational programs aimed at diminishing the stress, to enhance relaxation responses, coping patterns and guided imagery are beneficial in many ways. Mindfulness practices will have decreased levels of stress and improving sleeping patterns. Breathing exercises and leisure time walk would promote the insight. Spending time in the nature for oneself will learn to quiet the self and see the sacred in the daily life. Thoughts and feelings of oneself can be reflected through artistic or creative pursuits. It is considered as therapeutic and awareness raising. Using humor is another fruitful way of making joy even in the harshest circumstances. Regular physical exercises and healthy eating behaviors will improve the quality nursing practice. A questioning to oneself by asking “am I stressed or am I present to myself and patients and whole community?” during the caring process regularly will keep oneself on the right track. Caring for oneself holistically will bring about more goodness and wholeness to ones well-being and growth of positive states. It boosts the nurses’ capability in caring for other and creates more positive workplace. If Mindfulness exercises to be really effective, 4 elements are required to be accomplished during the process by the practitioner. They are, intention, directing it inward, repetition, guidance. The methods of practicing mindfulness are meditation, yoga, deep relaxation, contemplative prayer, walking, rehearsing a song etc. A proper execution of these will have transpersonal experiences. ( Joanne and Joanne ,2013)

### **3.2.2 Second relationship/ relating to vulnerable patients and families.**

In this phase of the relationship, the concern is the ability of the nurses in relating with the patient in a way that the situation of the patient can be precisely understood. It is intended to understand the patient’s private world and feelings during the caring and communicate it to the

other. The nurses are recommended a therapeutic relationship as a benchmark of practice of care by healthcare professionals. ( Joanne and Joanne, 2013)

### **3.2.3 Third relationship/ relating to each other**

In this phase, collaborative relationships among nurses are concerned. With more enhanced levels, it can become transpersonal with disciplinary boundaries being loosened and the patients being the functioning participant in the team based care. Caring for each other with respect, effective dialogues, collaborative decision makings, more efficient and integrated practices are several key factors contributing in delivering quality caring and establishing healthier work environment. The role of the head of the unit will play a significant role in maintaining an optimal level of team collaboration in the unit. ( Joanne and Joanne, 2013)

### **3.2.4 Fourth relationship/ relating to the community we serve**

The community service of healthcare professionals and nurses deems necessary in the development of the well-being of communities. The need for such a service is overseen in the increased impacts of the globalization and communications technology and also in the change of lifestyles of the communities. For an example, the traditional families may experience difficulties due to the changing of neighborhoods and as a result of that, are unable to get the support which they get from living with supportive extended families. Many have to travel long distance to get to work or experience unpleasant traffic jams on their way back home or to work. Some communities may experiences unhealthy outcomes from increased industrialization. For an instance, people would be compelled to intake polluted air and poisoned water as a result of waste products of modern industries. These problems may get worsen with the increased population as well. Under these circumstances, healthcare professionals and nurses will approach the community with relationship centric relationship for providing services for enhancing the overall well-being of the community. Nurses can either drive agendas for community group meetings or share their knowledge for more healthful approaches or help disseminate research or most importantly participate through caring relationships in decision making and implementation of local projects. The key to success is to maintain individual relationships among members with caring nature as to make them feel safe and dignified. ( Joanne and Joanne, 2013)

#### **4. AIM AND RESEARCH QUESTIONS**

The main aim of this research is to investigate the risk factors contributing to compassion fatigue. In addition, other substantial contributing factors are also focused on. Finally the study is planning to investigate how mindfulness strategies and other substantial strategies could be applied for overcoming compassion fatigue successfully among nurses.

Following are the three main questions the study intends to answer.

1. What are the risk factors contributing to compassion fatigue among nursing professionals??
2. What are the available mindfulness strategies for overcoming compassion fatigue?
3. What are the other existing substantial strategies for overcoming compassion fatigue?

## **5. METHODOLOGY**

This research study aims to collect empirical data and information on a selected topic and analyzing and synthesizing these data and information in order to construct the basement for the answering the research questions. A literature review through a method of qualitative research design attempts to collect relevant data and information transparently from various scientific articles available in various online academic databases. Thereafter the selected scientific articles are further subjected to an exclusion and inclusion criteria in order to make the review more manageable and to collect most relevant data. The collected data are analyzed inductively using Graneheim and Lundman theory. (Graneheim and Lundman, 2003) Furthermore this chapter discusses the ethical impact of this research in the general nursing perspective.

### **5.1 Data collection.**

The literature review is a more effective in certain ways when a qualitative research design is applied. The possibility of gathering information and data about the research topic in broader context is one of major benefit of doing a literature review.(Cronin, Ryan and Coughlan 2007) The purpose of conducting a literature review is to critically appraise and synthesis the existing and concurrent knowledge on a certain topic at the question. Thereby a new approach or approaches can be adopted for resolving problems after identifying the gaps in the existing knowledge through the new study process. In that sense, this research study can be carried out in several phases. They are basically the defining the scope of the review, access to relevant sources and collection of relevant information, comprehensive reading through the selected literature and the construction of the review. (Carnwell and Daly, 2001).

## 5.2 Data analysis

Different Online academic databases were accessed to collect data in this literature review. The search was conducted in 29<sup>th</sup> march 2017 by accessing EBSCO, PubMed, science direct and SAGE and google scholar databases for searching articles using different key words and phrases regarding the main themes of the research. The key words used in all of the online data bases. were: compassion fatigue, nursing, nurses, Mindfulness, treatments, mindfulness therapies and mindfulness strategies. The search phrase combinations also were deduced as such: “compassion fatigue AND nursing”, “compassion fatigue AND treatments”, “compassion fatigue OR compassion fatigue in nurses AND mindfulness strategies OR mindfulness”. In searching the articles, the time limitation was also applied from 2007 to 2017. Furthermore the parameters were set for choosing only article available in English as free full-text.

The appendix 4 exclusively demonstrates how the whole data retrieving process for this study has been constructed for searching relevant articles. There have been different key words or phrases applied in each specific online academic databases. The final number of articles produced by the search were 33.

The titles and the abstracts of the primarily selected 33 articles were then subjected to further assessment depending on their relevance. In this selection process, the concern was mainly to read through their titles, and abstracts. There by duplicated articles and articles addressing other healthcare professionals among the nurses were excluded. After the refining, the total number of article remained were 12.

In the 2<sup>nd</sup> stage of the assessment process, the concern was on the level of effectiveness of the content of those articles to address the research questions. In doing that, the articles capable of answering at least 1 research question were included. Besides to that, other articles that satisfy research questions in their latent content were also chosen. At the exclusion area, book reviews, editorials, commentaries and nonscientific articles were further excluded. Thus, in this final stage of the inclusion and exclusion criteria, 10 articles were selected as listed below.

1. Sorenson et al.2016.Understanding Compassion Fatigue In Health Care. Journal of Nursing Scholarship.
2. Drury et al.2013.Compassion satisfaction, Compassion Fatigue, anxiety, depression and stress in registered nurses in Australia. Journal of Nursing Management.
3. Yoder. 2013. Compassion Fatigue in Nurses. Journal of Applied nursing research.
4. Kolthoff & Hickman.2016.Compassion Fatigue among nurses working with older adults. Journal of Geriatric nursing.
5. Aycock & Boyle.2007. Interventions to manage compassion fatigue in Oncology nurses. Clinical journal of Oncology Nursing.
6. Pembroke. 2007. Contribution from Christian ethics and Buddhist philosophy to the management of compassion fatigue in nurses.
7. Wentzel & Brysiewicz.2014. The consequence of caring too much: compassion fatigue and Trauma nurse. Journal of Emergency Nurses.
8. Duarte & Gouvea.2016. .Effectiveness of a Mindfulness- based interventions on oncology nurse's Burnout, compassion fatigue symptoms. Journal of International journal of nursing.
9. Mol et al.2015.Prevalence of compassion fatigue and Burnout among Health care professional in intensive care unit. Journal of Plos One.
10. Bazarko et al.2013. Impact of an innovative Mindfulness based stress reduction program on the health and well-being of nurses employed in corporate. Journal of workplace behavioral health.

### 5.3 Content analysis

This study is determined to analyze and synthesize the collected data inductively. The technique for which has been used was Granheim and Lundman, a qualitative content analysis technique. According to this method 3 key objectives have been set in this qualitative analysis. Firstly it provides an overview of the importance related to qualitative content analysis in nursing research. Secondly it can be useful to illustrate the use of concepts related to the research procedure. Thirdly it can be applied in the analyzing process for achieving trustworthiness within the measures of the study process. (Lundman and Granheim, 2004).

Accordingly this study, during its data collection procedure has thoroughly manifested the criteria in which the inclusion and exclusion criteria has been included for determining the rationality and transparency in collecting necessary data. There by 10 articles were selected as the units of analysis in the data collection procedure.

As the first step of the data analyzing process, the all the selected articles were read through comprehensively for several times. Each article exhibited various kinds of concepts. They were either a code or category or concepts of manifest content or concepts of latent content. (Lundman and Granheim, 2004). Only the concepts relating with the research questions have been extracted. Next, these chosen contents were again analyzed thoroughly in condensing them into several specific categories which are then synthesized into two major themes to answer the two research questions comprehensively. This analyzing process is respectively illustrated in the Appendix2 in which the contents are synthesized under the major theme ‘*Risk factors for CF*’ and rest of the contents are synthesized under the second major theme “*overall strategies for enhanced CS levels*” in the Appendix 3.

### 5.4 Ethical consideration

Since this research study is based on a literature review and the design of the study being a qualitative design, the ethical aspects and other concerns which have been accepted internationally are adhered accordingly into the study. Hence guidelines for a good research practice as regulated by the national advisory board on Research Ethics (2002) are specifically followed. The plagiarism is the first key consideration the study attempted to refrain from. Next the study aims to preserving the copyrights of the Intellectual property holders for not to extract any information illegally. Furthermore it should be stated that the research topic is approved

by the Arcada University of applied sciences in advanced as well. In this research, no one's dignity, privacy and the integrity is condemned deliberately or unintentionally.

The quality of the results are preserved in a way that no misinterpretation, no additions or inexact or no misleading accounts of research results or methodology are committed in analyzing the results. In addition, no fabrication of the data is guaranteed by high standard of a referencing style.

## 6. RESULTS

In this study, the results of the analyzed scientific articles are outlined in this chapter. The results are presented under several major themes as sub categories of answers for addressing each research questions. These sub categories could be based on the manifest content or on the latent content of each reviewed article. The study itself attempted tremendously to address the research questions with most suitable findings and results. These major themes are composed in way that they can critically be conceived as answers to the each research questions. The main aim of structuring a profound findings chapter is to construct the basement for the discussion chapter in which the ultimate goal of the research study was meant to be reached.

### 6.1 The risk factors contributing compassion fatigue

#### *Age and Experience*

One of the recognized demographic factor, the type of unit where the inpatient nurses are employed in has been reported to be a crucial deciding factor in developing compassion fatigue. The concerned units were oncology, critical care, emergency, progressive care, medical-surgical unit, outpatient nurses in home care and oncology infusion clinic. Emergency care unit had shown a relatively greater risk than other units. (1)

Another demographic factor investigated was the level of experience of the professionals. The less experienced younger staff will be more prone to be exposed to compassion fatigue. The younger nurses in emergency care departments would still be in the learning process and at the same time be struggling to get the required skills and work rhythm which is demanded in such units. Meantime the more experienced emergency care nurses showed a lower levels of compassion fatigue. In another survey, the nurses were divided into three samples in the basis of their year of work experience within their working unit. Surprisingly the sample group of least experience (less than 10 years) showed the highest compassion satisfaction than other 2 sample groups. Another scientific article aiming to seek the potential connection between the experience factor and the compassion fatigue has reported the following outcomes in its' study. The compassion fatigue levels of nurses working only for fewer years in geriatric units were relatively higher than those nurses working more than one year in the same unit. The patients were in these units were reported to be demanding higher caring needs. Overall results of the

compassion fatigues for all the nurses participated in this questionnaire stayed at an average level. The new nurses entering to the nursing profession with high expectations were having higher risk of compassion fatigue. In addition, it has been also detected that the lack of the peer support yet to be gained by the new nurses at the beginning of their career or the potential inability of them to organize effective coping strategies to address the needs of the others may also lead to compassion fatigue. Certain past personal experiences similar to the current patient situations deemed to cause more stress in these nurse when they deliver care to that particular patient. Besides, the nurse who perceived similar age as a close identification with patient when providing care could be compelled to be stressed as well. (2,3,4)

### ***Work environmental factors***

The level of compassion fatigue in emergency care nurses tends to be higher when they confront with disturbing memories of caring for patients. Particularly in the cases, where the care has been delivered to a victims of intimate partner violence. Death and sufferings of patients were also reported as triggering factors for compassion fatigue. Medication errors by staff nurses, value conflicts among the staff are reported as further risk factors leading to compassion fatigue. (1)

Furthermore, the levels of compassion fatigue of the Emergency nurses simultaneously change with other factors such as length of a shift, education level of the nurses, and number of years in the Emergency department. In a different study, it has been identified that the compassion fatigue was much higher in the nurses who work 8 hours shift rather than in the nurses who work for 12 hours. The emotional stress the nurses experiences when they care for certain patients who involve with physical, emotional and financial threats or even forthcoming death in oncology units deem to compel nurses into compassion fatigue in a considerable manner. Some nurses reported situations with high demanding and aggressive patients. These patients were unable to satisfy with their demands in any means as they always needed something more. In another case, a nurse became frustrated as the patient's family was not contended with the care and treatments provided despite the fact the patient has no clue of cure of the illness at all. Other secondary reasons such as extra work days, highly populated units, and heavy patient's workloads, acuity and overtime work caused triggers for compassion fatigue. The compassion fatigue of emergency care department nurses/critical care nurses are not supported to be elevated by the management as well. (2,3)

### ***Poor Coping strategies***

Inability to enhance the emotional intelligence by gaining academic knowledge would also contribute to compassion fatigue. The physical distress and feeling of powerlessness of the nurses as causes may contribute to compassion fatigue on the other hand. Younger staff with ineffective coping strategies will be at greater risk of developing compassion fatigue. (1)

## **6.2 Mindfulness-based interventions for diminishing compassion fatigue and enhancing self-care**

### ***General***

In Buddhism, two major principals called Equanimity and compassion more likely refer to mindedness or impartiality and sublime attitudes such as loving-kindness and sympathetic joy respectively. The growth of compassion with equanimity is considered to be of highly significant as it ensures that emotional embarrassments of oneself can be eradicated totally. In that a profound state of compassion with equanimity is a key factor for managing compassion fatigue. Consequences of Compassion fatigue such as anger can be mediated by allowing oneself to feel the pain without hating it. In addition, the nurse should not try to live with guilt and anger, instead they must let it free of them. Mindfulness training is a unique strategy which associates closely with the Equanimity. Paying attention in a particular way purposely to the present moment without judgments or self-regulated attention that is focused in maintaining attention on present moment experience and an attitude of openness and acceptance are several instances of a nurse can practice mindfulness. It would release the affects of emotions of Compassion fatigue as the nurse doesn't cling into them even the nurse experiences them. This basic form of mindfulness training can be used to improve internal mental concentration and insight of the nurses by regular practices of insight meditation and concentration. Furthermore, it enhances patience, and compassion of the nurses. (6)

### ***Specific***

On the other hand the effectiveness of developed mindfulness based program for elevating compassion fatigue of the oncology nurses has been reported successful in a particular survey as it led to increase compassion satisfaction, mindfulness, self compassion, satisfaction of life while decreasing the levels of compassion fatigue and stress respectively. These programs can be used in general for all the nurses( despite the differences of age, number of years

schooling, years of practice, no of years in current position) for the improving the levels of compassion satisfaction and elevating the compassion fatigue more effectively than on the individual base. The main purpose of this particular program would be the improvement of emotional regulatory skills for managing consequences deriving from care for patients with trauma, sufferings, pains and death. Furthermore these interventions would help to treat trauma related symptoms as well. Ultimately it may improve their quality of life. Even the shorter version of mindfulness based interventions are more effective as they can be easily applied to the schedules of hospitals. Thus the positive effects can be reflected to the improved patient care and nurse's clinical environments. A similar another study has also produced significant improvements in the areas of self-compassion, common humanity and isolation. This specific strategy, called Mindfulness based stress reduction program is a eight week long, in person, patient centered and evidence based intervention which delivers basic yoga, mindfulness mediation and other relaxation methods. It has been able to prove that it is desirable, scalable and affordable intervention in reducing burnout and stress of nurses and as wells non nurse employees. This program is recommended to be adapted for use at the work or can be implemented in telephonic mediums. Furthermore, the improvements have been recorded up to four months continuously. The determined participation for the program is the main challenge for the nurses since this has been non mandatory unless they give the consent for the participation by filling an online application of registration. For this pilot program, there was a high participation rate reported. (8,10)

## 6.3 Other intervention and strategies

### 6.3.1 Health care administration and management based

#### *Interventions based on Education and trainings*

The continuation of education on coping mechanism is very important when the formalized education and skill building programs are unavailable in the progress of the oncology nursing career. The self-help material available online or in writing would be more beneficial in addition to formalized education. Education and training in communication skills, conflict resolution, ethical issues, and self care should be included within all forms of staff training programs . Particularly what kind of care should be provided for dying patient also mandatory to be taught in the training programs. Programs for improving of communication skills will enhance the interactions with patients and their relatives and lower the conflicts arising among colleagues or management. Certain programs like a three day intensive communication skills program has proved the effectiveness of it in the oncology nurses where as the positive effects lasted for 15 months when the practice has been conducted on daily basis. In addition sympathy showed a significant increase in the nurses. Overall, this strategy aims to improve the well-being and the compassionate care of the nurses.

Educational sessions in stress management by the means of recognizing vital signs as the first step aiming a wealthy work life is equally important with the other methods available. Mindfulness meditation, personality and emotional intelligence could contribute to boost energy and to stay steadily over the effects of stress. Balancing human intimacy and professional distance, remaining appropriately present and compassionate are worthwhile personal values. Other approaches such as personal counseling, social support have shown effectiveness among person directed interventions.(5,9)

#### *Interventions enhancing nurse's overall work environment*

This type of care is about to employ certain pastoral care staff to support for the nurses therapeutically. Spiritual care and pastoral care staff would act in several ways for improvement of emotional wellness of the staff. Blessings of hands of the nurses, simple prays to nurses for symbolizing the continuation of giving bless to others by chaplaincy staff are recognized as unique programs of therapeutic. In addition, the approach called “tea” for the soul” which was a part of university of California medical center’s approach of

supporting nurses was recognized as another therapeutic approach. In that, the chaplains / the spiritual care staff would bring treats such as herbal teas or cookies ,make nurses listen to quiet music and allows them to speak about frustrations or sadness derived from work. This is unique in the way that the interventions are brought before the nurses instead of them themselves go on searching for interventions. Offering retreats for the oncology nursing staff is encouraging with this intervention by the hospitals. Five types of retreats are recommended for all types of shifts of this hospital. The main purposes of providing retreats are providing opportunities for informal interactions between patient and nurses and activities of art, journaling, team building and storytelling. It is meant to explicate the uncertainty of the role of the nurse and to define responsibilities and expectations of the nurses within the patient experience. Exploration is the major benefit of this strategy. Special remedy for emotional management of the staff nurses for overcoming of certain grief or emotional issues when handling complicated patient relationships could be the accommodating of an onsite counselor. This counselor can participate during rounds, patient care conferences, debriefing sessions and discussing feelings together with the nursing staff. Thereby they don't feel alone and scarce. Alongside with that, Primary nursing, management skill and social support are recognized as significantly useful interventions for Intensive care nurses. Furthermore, flexible work schedules of nurses, enhanced work environments, changing of team composition and team building and job rotation have been identified as effective interventions carried out by the organization itself. (5,9)

### ***Policy and model-based interventions***

The ethical principles, respect for dignity and health, practice of self-care, standards for establishing and maintaining wellness, commitment to self-care, personal and professional inventory of self-care practices, effective methods of self-awareness and self-assessments and development of a prevention plan are the areas where the academy of traumatology /Green Cross sets the standards for strengthening the nurse's own physical and emotional health. In addition, the creative compassion model could be considered as key for improving the ability of the trauma nurses to seek possible remedies for overcoming fatigue and to preserves work-life balance for nurses. These strategies would include exercises, using humor, cooperation between colleagues and friends, spiritual support, storytelling, journaling, music therapy, meditation or outdoor entertainment activities by teams. And the improving of the latter to top communication is essential. (7)

### **6.3.2 Tradition and religion based interventions**

#### ***Interventions from Christian ethics***

The need for individual nurses, their supervisors and senior management to address the negative effects of compassion fatigue effectively is very important always. The compassionate care is said to be the doing whatever the nurse can do to abolish the sufferings of the patients in which personal kindness expressed in the nurses role with a willingness and commitment to want the good of other before self ,without reciprocity .This is the act, the kindness reflected in a Christian theological framework as AGAPE response. It is the impartial or unselfish self-giving for the sake of the other. Other persons can be either a friend or enemy or intelligent or dull person. Though, the key is the kindness with equal regard to everyone. The self –giving for the sake of the patient is a requirement of the nursing profession. Generally nurses are fairly concerned for others when there is a need of others in different context of the relationships as well. Though, a willingness to engage in self-sacrifice is also needed for the AGAPE response in order characterize the compassion and kindness of one self's life. At the same time, a commitment to the self-care by nurses themselves is of utmost importance as the lack of self-care could lead to the CF problems. Therefore, there should be a balance between AGAPE and self-care of the nurses. In that sense, they are bound to love themselves as well. This concept derives from the concept of equal regard in Christian love. Appropriate self-care is expected when they care patients with high vulnerability and who are very distressful for own- self. In that, they will consider their own legitimate physical, emotional, social and spiritual needs adequately enough. The Bottom line of this ethical principal is the genuine balance between needs of self and those of others. For that purposes, nurses can employ spiritual practices, meditation on the scriptures, personal reflection with good faith. (6)

### **6.3.3 Potential individualized and cooperative interventions by nurse's themselves**

#### ***Peer support/ cooperation***

This is a heavily generalized strategy for nurses in many ways. It could be therapeutic or non-therapeutic. It could be in different forms such as active listening, dialogues etc. It benefits each other in diminishing the feelings of isolation. Besides it can create a sense of community concerning mutual grief. Non-therapeutic such as repeating usual response approaches won't be more appropriate except for the expressions of serious emotions in difficult patient and family scenarios as it shouldn't be the sole venue for personal reflections about communication strategies. The interventions are expected to be individualized for oncology nurses as they are individuals with variety of preferences. Though whence these interventions inspires one of them, it will be spread out among other and consequently other will be engaged in. (5)

#### ***Self-care practices***

compassion fatigue can be overcome by using routinely self-care practices. They would be based non-clinical sources. For instance, it would be based on one self's own religious faith. Other may be derived as mechanisms of art or music. Maintaining healthy physical wellbeing is a key for self-care. Work life balance is highly recommended for oncology nurses. Motivations which they had when entering into this particular profession have to be thought of in reenergizing themselves. Furthermore, as a method of disclosure of grief reactions, attending to funeral of those deceased patients the nurses worked with or sending sympathy cards to the family members of the deceased patient by the nurses are really effective for the nurses to release the grief reaction desirably. Or they may release it by crying, withdrawing, or by contemplating the experience with patient. Humor is expected to be used exclusively as a stress reducing mechanism in educational programs. It has to be used except at another's expense. Accelerated Recovery Program is one of the therapeutic intervention based on mindfulness strategies to alleviate the stress, pain and demands of everyday life of the mental health and trauma nurses. Further, it enhances the self-awareness levels of individual nurses for identifying the level of risk and suffering from compassion fatigue. These programs include yoga, meditation and mindfulness practices which consequently improve the coping ability and the empathy in the nurses as well. (5,7)

## 7. DISCUSSION

The compassion fatigue could be recognized as a relatively new concept in the caring professions. Nursing professionals who provide compassionate care excessively to those patients with severe emotional pain and physical distress are highly prone to be victims of compassion fatigue. (Figley 2001) Compassion fatigue is also defined as one of the unique versions of Burnout (Lombardo & Eyre 2011) and a progressive stage of the STD. (Cocker & Joss 2016) Hence nursing professionals may be in a very challenging position to understand it within their work environment by themselves alone. On the other hand, compassion satisfaction is regarded as the positive mindset which inspires the nursing professionals to undertake her or his duty with pleasure. (Sacco 2015) The fair balance between the compassion satisfaction and the compassion fatigue is required to be maintained in order to gain a higher professional quality of life. It is the net balance of feeling of satisfaction gained from caring others. (Stamm, 2010) Therefore, a consistent means of understanding the risk involved in the caring should be practiced by the nursing professional in order to maintain a high standard of patient care. (Duffy, 2013)

In the analyzing of the research results, the study has been able to explore different triggering factors of CF on nursing professional employed across variety of fields. Thus the demographic factors such as age and level of experience of nurses are related to the progress of CF in specific capacities. In addition to that, an increasing risk likely to be involved with emergency care units more than other caring divisions such a clinical care, progressive care, medical-surgical unit, oncology unit, outpatient nurses in home care and oncology infusion unit. In many instances, the younger nurses have shown a relatively higher vulnerability to CF than the older nurses. Although this hasn't been necessarily a consistent trend since inversely younger nurses exhibit higher CS levels than others. On the other hand, less experienced nurses are also reported to expose to CF in a higher gravity since they are lack of sufficient coping strategies or peer support. Nevertheless, more experienced nurses with highly distressing caring memories are found to be comprehensively vulnerable to CF as well. These are the nurses who may be subjected to STD already. In addition, the similar age of both patient and nurse in a given scenario is a factor that could also provoke the risk of developing CF in those nurses. (1, 2, 3, 4) Thus, all these factors suggest that the vulnerability of the caring professionals to CF is very persistent and spontaneous on variable levels of experience and age. Conclusion is that

the Well-experienced nurses who are equipped with proper coping strategies and inexperienced nurses who get more peer support to overcome CF deem to be survived at a higher degree.

The second significant triggering factor for CF was the working environmental factors. This factor particularly associates with emergency care nurses. Mourning past experiences of the nurses working in emergency care units and conflicting opinions among nurses are increasing the risk of CF. Moreover, longer work shifts, overtime work, extra work days, highly populated wards, higher acuity and exceptionally demanding patient needs are those work environmental factors which create a high risk of developing CF. On the other hand, patients with life threatening diagnosis or with emotional, physical and financial difficulties in the oncology units likely to have transmitted the risk of CF on the oncology nurses in considerable levels as well. Particularly the unnecessary pressure exerted on the nurses by the relatives of the patient concerning the lack of care is very likely to distress the nurses physically and mentally. However, these work environmental factors are not mitigated sufficiently by the management (1, 2, 3) The less use of emotional intelligence to alleviate the effects is another triggering factor recognized by the study. Thus, poor emotional intelligence is justified by lack of relevant academic knowledge. ( 1)

Nevertheless, the risk of CF soaring from ailing work environments and on the grounds of demographic factors are required to be addressed by the nurses themselves positively. This conclusion is accorded by the principles of quality caring model despite the argument that same amount of responsibility should be retained at the hand of the hospital administration or management. According to the self-care theory, the nurses firstly should maintain a high levels of conscious awareness within themselves to approach the patients in a holistic way. In that, they care the patient as a human person with miscellaneous needs and wants and then subsequently approach clinically to decide on symptoms based care. It is all about recognizing the personality of the patient precisely and sharing it among their colleagues. Inversely, caring experiences and the feeds backs of the patient, their family member or the community are important to record in order to reflect them in future care plans by the nurses. Thirdly the high-quality mutual collaboration becomes a prominent factor when providing a quality care as well. (Duffy 2013) The individual nurses therefore are required to work collectively to make the work environment an efficient work place. This could certainly releases many disturbances and distress arising particularly from the traumatized patient care for nurses.

The study has analytically suggested several distinctive nursing interventions and other objective approaches for the sustainable well-being of the nurses. The main aim is to enhance the self-awareness levels of the nurses in order to combat with the risk factors of CF. Hence, the study introduces several types of mindfulness based practices as means of cultivating high levels of compassion satisfaction within nurses. In the first phase of this intervention, a simple and basic version of the mindfulness meditation and mind concentration practice can be proposed for nurses. This strategy is about training the mind by recognizing the situations when onset of aggressive thoughts and emotional embarrassments overwhelm the mind during patient care and then by letting those emotions pass away from the mind without clinging to it. Thereof, a nurse can develop an insight of equanimity in herself or himself which ultimately eliminates any stress arising from the care (6). When this strategy is developed into the next level, nurses can particularly benefit from it within more challenging patient care such as traumatized patient care or emergency care. In fact, more developed mindfulness based programs have proved to produce better results. They include certain shorter versions of mindfulness meditations, yoga and other relaxing methods as well. These programs are goal based programs within a specific time period. Moreover, these individualized programs are recommended for all nurses generally and aimed to enhance compassion satisfaction and to alleviate CF of the nurses employed mainly in hospitals wards. The important thing is that this intervention is patient centered and can be easily implemented at the work place. The results are recorded up to four months' time for evaluation. Even though these programs are non-obligatory programs, they certainly have been successful in enhancing self-compassion, common humanity and isolation. (8,10) Nevertheless whether to participate in these programs are yet at the sole discretion of the nurses. Once it becomes popular, many professionals would definitely be part of that. This intervention can be regarded as central to the quality caring model as discussed in the theoretical part. Other advantage is that the nurses who practice Mindfulness exercises can comprehensively address everyone involved with equanimity. The next similar type of traditional intervention is found from Christian teachings. It is called the Agape Response. This is the concept of limitless self-giving for the sake of others. The own willingness, commitment and equanimity are the main values embedded in this strategy. It can be done by expressing kindness or mercy towards patients, work colleagues or the persons including himself or herself without boundaries. There could be repercussions involved in this practice

if a highly challenging work environment is presented. Therefore, the recommendation is to maintain a balanced own self-care level sufficiently in contrast to all types of needs considered by the patients. That is why spiritual practices, meditation on the scriptures are personal reflection with good faith are required to practice by the nurse at the question.(6)Thirdly, the intervention of Accelerated Recovery program can be stated as one of the therapeutic interventions based on mindfulness strategies that produces effective results for nurses. The main goals is to enhance the self-awareness levels. Thus all of these interventions deem to have common goals and similar practices. ( 5,7,)

Furthermore, the study has been able to observe other effective nursing interventions, which are easier and realistic to be applied on the working life by nurses themselves. Several interventions are based on individual's own religious beliefs and personal grounds. The core in such interventions is to adopt a channel for releasing/expressing emotional embarrassments or grief by themselves. Using humor, participation to events where the patient involves, crying and sending greeting cards are key distinguished strategies to release such emotional stress.(5,7)

The second major segment of the overall interventions is based on the management and administration. The nurses have been supported in many significant ways in order to enhance their overall well-being including Compassion satisfaction. There have been several valuable caring principles stressed in these approaches by the management or the administration. Among those principles, mindfulness, self-awareness, professional distance, human intimacy and ethical behavior have been stressed. These education programs included mindfulness meditation, personality, and emotional intelligence and communication skill development programs. In addition, personal counseling and social support are provided for the well-being of nurses as well. Certainly, they have led to increase the levels of compassion satisfaction and the well-being of the nurses involved when they are practiced consistently. (5,9)

Secondly, the healthcare administration has reacted to support the nurses by providing a special support staff member in managing their mental well-being. This Pastoral care staff or the spiritual care staff or onsite counsellor has had therapeutic approaches and they are expected to be good listeners. Thereby the nurses can discuss any emotional issues arising from the work at the same time. Not only that, this support staff may arrange different events for nurses to get emotional support during their work as well. In addition, the therapeutic approach called "retreats" for alleviating emotional stress and other work related stress of the

nurses is also significant. Retreats included several strategies that are applicable directly on the work with the integration of both patient and nurse. Main goal is to build up an effective relationship between these two. Nurses gradually are expected to be able to release any concerned grief or emotional embarrassment arising from patient care by practicing this. Furthermore, flexible work schedules of nurses, enhanced work environments, changing of team composition, team building and job rotation are found highly beneficial. (5,9)

In the third phase of the administration based interventions, the policy base approaches also explicit a higher magnitude among others when high standards of physical and mental well-being of nurses are strengthened for trauma nurses. These policies are incorporated by several traumatology academies. These policies are constituted on the grounds of ethical principles, respect for dignity and health, practice of self-care, standards for establishing or maintaining wellness, commitment to self-care, and personal and professional inventory of self-care practices, effective methods of self-awareness, self-assessments and development of a prevention plan. Meanwhile creative compassion models have also successfully intensified a success for overcoming CF and to maintain work life balance. These strategies are composed of exercises, using humor, cooperation between colleagues and friends, spiritual support, storytelling, journaling, music therapy, meditation and outdoor entertainment activities by teams.(7)

## 8. CONCLUSION

The study has been carried out with main objective of addressing two fold of questions. They are to find out triggering factors of CF and to compile an analysis of nursing interventions based on mindfulness practices and other substantial interventions. In addition to that, the study also has been able to focus on the other objective approaches based on management and administrative as indirect means of developing overall well-being of the nurses.

The younger age, lesser professional experience, unfriendly working environment factors, and the poor coping strategies have been recognized as major triggering factors contributing to CF. More over the unawareness of the nurses of their lower compassion level could lead to worsen the situation. Since this concept is a relatively newer concept, it is uncertain whether there is adequate knowledge and experiences shared among the nursing communities about the repercussions of CF.

The professional quality of the nurses is a standard on which the levels of CF and CS are recorded in order to measure the mental well-being of the nurses. The study highlights the significance of the enhanced self-care through mindfulness and other substantial strategies. Self-care is the key element central to the sustainable human relationships. Compassion satisfaction is always sought through the enhanced self-care standards. Furthermore the mindfulness practices of general and specific would bring about higher concentration levels and patience. These practices derive from the teachings of Buddhism and the Christianity. The other valuable non-therapeutic and therapeutic interventions the nurse may adopt or follow are the yoga exercises, music therapies, adhering to ethical norm, effective communication among nurses etc. The role of the management and the administration passively impacts among all these as well. The lack of emotional intelligence, lack of staff, poor management skills and unavailability of proper educational programs can positively be rectified by the interventions recognized by the study for the management and the administration. Therefore both the Management and the nurses themselves have an utmost responsibility to contribute to the overall well-being of the nurses under any circumstances. Moreover, the results of the study are mainly confined to the oncology nurses, intensive care and emergency care nurses. Therefore a generalization of the interventions among other areas of nursing seems rather ideal without a compromise.

## **8.1 Strengths, Limitations and recommendations**

By fulfilling the research questions, the research assumes that the nursing community will be benefiting itself to a certain extent as the new knowledge constructed in the study may create a solid guidance for maintaining high levels of well-being of the nursing professionals. Furthermore, the administration and the management will have an effective backup for rectifying certain issues prevailing in the work environment on behalf of the staff's well-being as well.

This particular research study has been based on a selected minimum of 10 scientific articles. The subject matter of those articles were in compliance with the title of the study and with the research results addressing corresponding research questions. Although the most of the scientific article chosen are limited to United States of America. The U.S.A being a well-developed country, the empirical research results are not reflected for nurses in underdeveloped countries. Moreover the results of the study are mainly confined with oncology, intensive care and emergency care nurses. Therefore, the study suggests more explorations to be undertaken within the aforementioned areas of nursing and other areas of world.

Therefore the self-care interventions suggested by this study can be recommended for diminishing many form of physical and mental distress apart from CF. The self-responsibility of the nurse in this is high. Although there are some occasion where the maturity or the experience can have inverse triggering impacts on the CF in nurses. Therefore impact of the experience factor may also be further subjected to explore as well. On the other hand the nurses must learn from each other and develop mutual assistance and cooperation in critical occasions broadly. That's why the study recommends the management or the administration for taking sustainable policy decision for addressing the issue in a larger context.

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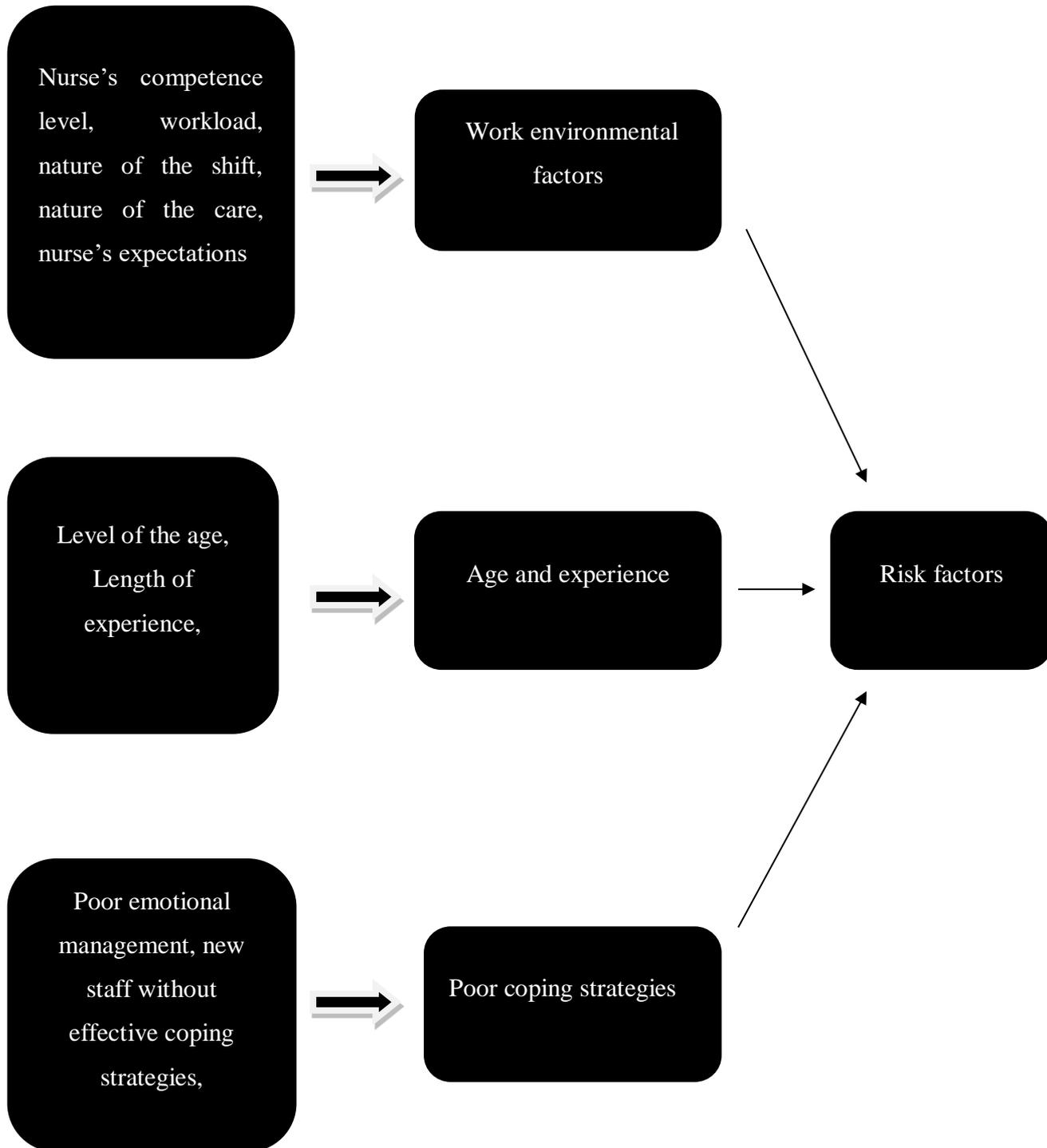
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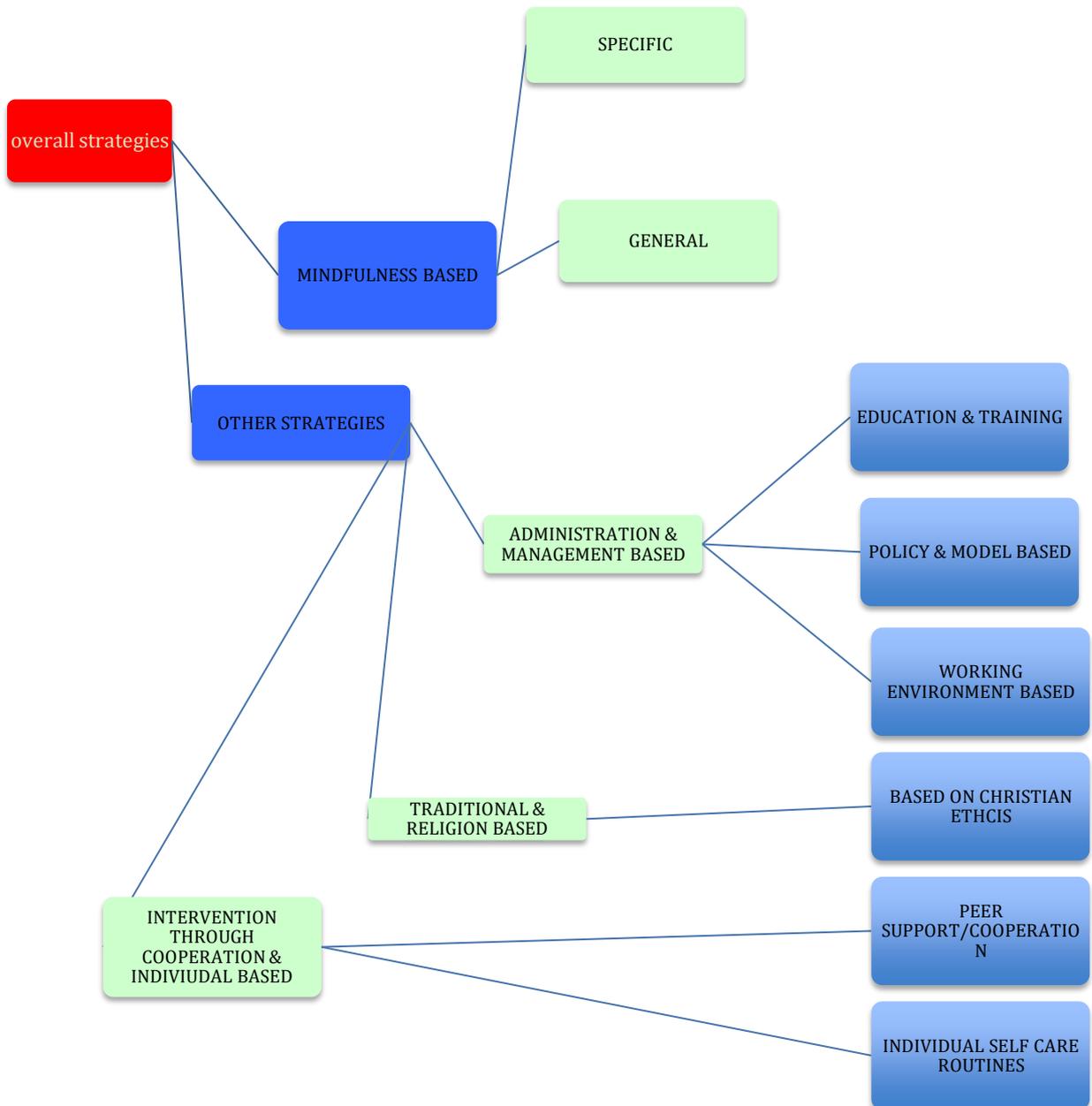
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**Appendix 1: RISK FACTORS FOR CF**

## Appendix 2: OVERALL STRATEGIES FOR ENHANCED CS LEVELS



**APPENDIX 3: ILLUSTRATION OF THE DATA COLLECTION PROCESS AND IMPLICATION OF THE INCLUSION & EXCLUSION CRITERIA**

Search criteria in each database	The search word and the phrase	No of hits	Hits after applying & excluding criteria	Final no of articles
<b>EBSCO</b> TX All text, linked to full text and time range of the publications-within 2007-2017	Compassion fatigue and nursing. Search Field-	72	15	12
- DO-	Compassion fatigue and mindfulness.	6	2	1
-DO-	Compassion fatigue and treatments	16	1	1
<b>SCIENCEDIRECT</b> Linked to full texts, limited to journals and time of publication within 2007-2017.	Compassion fatigue and nursing	129	4	4
	Compassion fatigue	649	5	5
	Compassion fatigue and mindfulness strategies	57	0	0
<b>SAGE</b> Type of the article – research articles, subject field-nursing, time of	compassion fatigue and nursing	274	4	4

Publication within 2007-2017.				
<b>PUBMED</b> TX all text, Linked to full text articles, Time of publication within 2007-2017	Compassion fatigue and nursing	27	3	3
- DO -	Compassion fatigue and treatment	10	1	1
- DO-	Compassion fatigue and mindfulness	5	0	0
GOOGLE SCHOLAR	compassion fatigue in nurses and mindfulness	11300	2	2
Time of publication within 2007-2017	Compassion fatigue and nursing	16500	0	0