

Compassion Fatigue in Nurse Educators

Latifah Jehloh^{1*} & Yusrita Zolkefli²

¹Faculty of Nursing, Prince of Songkla University, Thailand.

²PAPRSB Institute of Health Sciences, Universiti Brunei Darussalam.

*E-mail: latifah.j@pnu.ac.th

Dear Editor,

Compassion fatigue has been commonly reported in nurses. But there is an increased interest in how this phenomenon extends to broader populations such as nurse educators. This is evident in the growing expectation and requirements in nurse education and practice development. Nurse educators are often responsible for the classroom and clinical instruction, training, and supervision of nursing students. Academic and research abilities, nursing practice and knowledge, specific personal qualities, a professional attitude, instructional skills, student interactions, and managerial abilities are essential for a nursing educator's proficiency (1-5).

Nurse educators care deeply about the students they teach and assist (6); however, issues such as the unbalanced nature of the job, workload concerns and lack of resources and support can all contribute to occupational stress among nurse educators (7). Not only that, but due to a nurse educator shortage, the remaining ones are forced to work outside of regular working hours. All of these factors may contribute to compassion fatigue. The topic of compassion fatigue was first identified by Joinson (8), who conducted this phenomenon in emergency room nurses. Compassion fatigue is defined as a feeling of hopelessness or avoidance of one's task (9). Compassion fatigue has a negative impact on an individual's health and professional quality of life. It can cause symptoms such as headaches, gastrointestinal problems, sleep disturbances, mood swings, impatience, depression, poor attention and judgment, avoidance of specific circumstances and patients, diminished ability to feel empathy,

and loss of meaning in the job. These behaviours frequently affect their relationships with coworkers and patients (10). Compassion fatigue is also detrimental to the organization's governance structure. Not only do administrators and organizations endure financial, emotional, and moral consequences as a result of compassion fatigue, but what is more concerning is the possibility of nurse educators leaving the profession.

Given the significant impact of compassion fatigue, three key approaches for reducing compassion fatigue have been proposed: firstly, personal strategies such as the use of art therapy (11), promote a good self-care (e.g. good nutrition, exercising regularly, reducing stress, participating in social events, taking up a hobby, and nurturing spiritual needs (12); secondly, workplace strategies include promoting renewal techniques (6), educating managers on compassion fatigue (13), scheduling frequent breaks for healthcare workers (11), and working setting intervention (e.g. onsite counselling, staff support groups, debriefing sessions, art therapy, massage sessions, bereavement intervention, and attention to spiritual needs) (12); and thirdly, organizational strategies, such as supporting mentoring programs (6), enhancing organizational engagement efforts such as appropriate recognition and rewards for a job well done (6), and implementing training programs to detect stress and anxiety among healthcare workers (13).

In general, compassion fatigue in nurse educators is inevitable, and all nurse educators are predisposed to it. While we believe nurse educators should focus on self-care and work-life balance, nursing

administrators are in an excellent position to recognize compassion fatigue and build and support educators' professional well-being. Establishing effective workplace policies and procedures and valuable programs like resilience training can help achieve this. It is envisaged that such initiatives will strengthen the professional support provided to nurse educators.

Article History:

Submitted: 29 March 2022

Accepted: 9 May 2022

Published: 31 July 2022

DOI: 10.31436/ijcs.v5i2.250

ISSN: 2600-898X

REFERENCES

1. McAllister M, Flynn T. The capabilities of nurse educators (CONE) questionnaire: Development and evaluation. *Nurse Educ. Today*. 2016; 39: 122-27.
2. Doi Y, Hosoda Y. Assessing the content validity of the nursing faculty competencies self-assessment scale. *Osaka Medical College Journal of Nursing Research*. 2017; 7: 90-97.
3. Zlatanovic T, Havnes A, Mausethagen S. A research review of nurse teachers' competencies. *Vocat. Learn*. 2017; 10: 201-33.
4. Mikkonen K, Ojala T, Sjögren T, Piirainen A, Koskinen C, Koskinen M, et al. Competence areas of health science teachers—A systematic review of quantitative studies. *Nurse Educ. Today*. 2018; 70: 77-86.
5. Mikkonen K, Tuomikoski AM, Sjögren T, Koivula M, Koskimäki M, Lähteenmäki ML, et al. Development and testing of an instrument (HeSoEduCo) for health and social care educators' competence in professional education. *Nurse Educ. Today*. 2020; 84: 104239.
6. Mullins N, McQueen L. Does compassion fatigue affect nurse educators in practice?. *Nurs Health Sci*. 2017; 5:18-20.
7. Singh C, Cross W, Munro I, Jackson D. Occupational stress facing nurse academics—A mixed-methods systematic review. *J. Clin. Nurs*. 2020; 29(5-6): 720-35.
8. Joinson, C. Coping with compassion fatigue. *Nursing*; 22(4): 118-21.
9. Hoffman M. Empathy and moral development: Implications for caring and justice: New York, NY: Cambridge University Press; 2000.
10. Sorenson C, Bolick BN, Wright K, Hamilton R. Understanding compassion fatigue in healthcare providers: A review of current literature. *J. Nurs. Scholarsh*. 2016; 48(5): 456-65.
11. May S. Combating compassion fatigue. *Florida Nurse*. 2016; 64 (3): 15.
12. Boyle DA. Compassion fatigue: The cost of caring. *Nursing*2015. 2015; 45(7): 48-51.
13. Brown S, Nowlan K. Cutting the risk of compassion fatigue. *Occupational Health & Wellbeing*. 2016; 68(8): 24-2