

## Compassion Fatigue: Are You at Risk?

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**E**.P., a 34-year-old oncology staff nurse, felt like she was losing control of her life. She felt a sense of dread and fatigue each morning when her alarm went off. How could she make it through one more day trying to balance her family life, her job, and caring for her mother, whose senile dementia was gradually worsening every day? E.P. could not really remember the last time she felt energetic and positive, nor could she pinpoint when she began to feel so overwhelmed.

E.P. had been married for 13 years to her college sweetheart. He was in sales and worked out of the home, which, she felt, often added to the chaos of their lives. Their children came soon after marriage and were now embarking on adolescence—a daughter, 12, and a son, 10. The children seemed to fight continuously for inconsequential reasons, and her daughter was beginning to challenge E.P. in every arena: clothes, music, friends, homework, and curfew. E.P.'s husband played a passive role in their childrearing, and E.P. often did not feel supported when she attempted to set guidelines or expectations for the children. Caring for her mother was adding additional stress and her only sibling lived out of state and was not available to assist her in handling the physical, emotional, or financial aspects of their mother's care.

E.P. had studied nursing in college and began working immediately after graduation. She worked in general medical-surgical units initially; looking back, she remembered being enthusiastic and eager to go to work every day. Nursing was not just a job for her. E.P. felt that nursing was a profession and, at one time, she had hoped to further her education and become a nurse practitioner. She did not plan to become an oncology nurse but worked the float pool for several months and soon found that her work with patients with cancer and their families was rewarding. E.P. enjoyed the challenges of working in a specialty area, learning new skills, and felt that the environment reinforced the ideals that made her enter the profession in the first place: empathy,

compassion, caring, and making a difference in the lives of her patients and their families.

The years passed quickly—her children kept her outside life very busy, her colleagues at work became her dearest friends, and she had started to take classes to get a master's degree in oncology nursing. She worked 12-hour day shifts that initially made her feel like she could juggle family, work, school, her mother's care, and, if possible, some time for herself to continue jogging, her favorite form of exercise. Her first semester was a difficult transition and, at times, she felt overwhelmed by the amount of reading and studying required. Her husband and her children did not seem to understand the demands of her studies, and their expectations of her remained the same. Her husband did not understand her desire to further her education; he would express his feelings that "a nurse is a nurse; just a nurse." Unexpectedly, rearing her daughter began to feel more, not less, demanding. At times, E.P. felt that her daughter would challenge her on every occasion and keep their relationship at arm's length. She missed feeling close to her daughter but tried to understand her need for independence. Her son seemed unaffected by any family crisis that would occur but he would fight with his sister, refuse to do homework, and had to be constantly reminded to do his chores around the house.

The hospital environment and work demands also were making E.P. feel "down." The nursing shortage had increased the nurse-patient ratio, so, most days, she came home feeling physically and emotionally drained. It was hard for her to rationalize going to school when she could no longer practice nursing at the bedside with the time to care for her patients and their families as she once had. The inpatient oncology population also was becoming more acutely ill, and the nursing staff was experiencing more deaths, family grief, and loss, without a balance of caring for patients who were being treated in outpatient settings or who were survivors. As hospital finances

became worse, other resources, such as social services and advanced practice nurses, became scarce. Gone were the days of support groups on the unit for the staff or educational programs at work to help the nurses feel competent with technological changes and the demand for new skills. Over time, E.P. began to feel that nursing was a job, not a profession, and not supported or recognized for the hard work, both emotional and physical, that oncology nursing demanded.

E.P. began to feel a sense of hopelessness and helplessness when it came to making any changes in her home or work environment. She would stay up late to study and, even with eight hours of sleep on a weekend night, was constantly fatigued. Her husband and children said that she was "irritable" and always distant. When she would visit her mother, she would leave feeling depressed; as if her mother was dying slowly in front of her. At work, E.P. continued to feel emotionally close to her patients and their families but, unknowingly, she was unable to leave their grief and issues at work. She began to wake up at night dreaming about a patient or fearing that a patient she cared for would die before she got back to work in the morning. Several nightmares included fears of injury to her children resulting in their own death. Months had passed since she had gone jogging, and she was unable to concentrate on her studies, often finding herself sitting for hours preoccupied with feelings of fear or anxiety. She began to feel incompetent at work, at home, and with her studies. E.P. felt angry at her husband for his lack of understanding and support in all areas of her life and she would shutter if he attempted to show any signs of affection or intimacy. She felt her life was like a roller coaster out of control and that no one, not even her own friends and colleagues, could keep her on the track. As her isolation increased, so did her loneliness. Feelings of despair would erupt when a patient or family member was in despair, and she began to feel their loss as her loss, too.